

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada.</u>				State File No. <u>S82410</u>	
City of <u>Boise.</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>44</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Luke's Hospital.</u> )			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>William Arthur Duncan.</u>					
(a) Residence. No. <u>618 1/2</u> north 9th street. St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced. <u>Single</u> (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 31. 1933.</u>					
7. AGE Years		Months		Days	
<u>Still born.</u>				If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Boise Idaho.</u> (State or country)					
MOTHER FATHER					
13. NAME <u>Raymond. E. Duncan.</u>					
14. BIRTHPLACE (city or town) <u>Illinois.</u> (State or country)					
15. MAIDEN NAME <u>Mable Bossuet.</u>					
16. BIRTHPLACE (city or town) <u>Washington.</u> (State or country)					
17. INFORMANT <u>Raymond. E. Duncan.</u> (Address) <u>618 1/2 N. 9th Street.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Feb. 2. 1933.</u> Place <u>Morris Hill Cemetery.</u>					
19. UNDERTAKER <u>Summers &amp; Krebs.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>2-1</u> , 193 <u>3 W. H. Rhoades</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan. 31 193 3</u>					
22. I HEREBY CERTIFY, That I attended deceased from..... ....., 193....., to....., 193.....					
I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at <u>7:30 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Born</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.....					
If so, specify.....					
(Signed) <u>Harold W. Stone</u> , M. D.					
(Address) <u>217 Eastman Bldg. Boise</u>					

Dr. Stone

206

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 82496**

County of Bannville  
City of Idaho Falls

Registration District No. 73Primary Registration District No. 2147Local Registrar's No. 28

(No. L. S. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No. 206

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/20/33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn 3 months gestational twin birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Jordan, Utah  
(State or country)

13. NAME Rollen, Frank Bateman

14. BIRTHPLACE (city or town) West Jordan, Utah  
(State or country)

15. MAIDEN NAME Ruth Jones

16. BIRTHPLACE (city or town) Union, Utah  
(State or country)

17. INFORMANT Rollen & Bateman  
(Address) Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls, Idaho Date 2/21, 1933

19. UNDERTAKER none  
(Address)

20. FILED 2/21, 1933 County Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 1933, to Feb 20, 1933I last saw her alive on Feb 20, 1933; death is saidto have occurred on the date stated above, at Feb 12, 1933

The principal cause of death and related causes of importance

were as follows: Unknown cause of deathmother has been in good health since first date of pregnancydeceased cause unknownOther contributory causes of importance:mother gave birth to a child suffering from fragility osseum about 1 year agochild died during pregnancy

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

1. PLACE OF DEATH  
County of *Franklin*  
City of *Prater*

Registration District No. *27*  
Primary Registration District No. *219*  
(No. .... St.)

File No. *32584*  
Registered No. *83*

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME *Still Born*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED  
(Write the word.)

16. DATE OF DEATH

6. DATE OF BIRTH *Aug. 6 1924*  
(Month) (Day) (Year)

*Aug. 6* 19*24*  
(Month) (Day) (Year)

7. AGE *Still born*  
IF LESS than 1 day how many hrs. or min.?

17. I HEREBY CERTIFY, That I attended deceased from *Aug. 6* 19*24* to *Aug. 6* 19*24* that I last saw him alive on *Aug. 6* 19*24* and that death occurred on the date stated above, at *6* M.

8. OCCUPATION  
(a) Trade, profession or particular kind of work. *✓*  
(b) General nature of industry, business or establishment in which employed (or employer). *✓*

The CAUSE OF DEATH\* was as follows:  
*Still born at about 6 months following small pox*

9. BIRTHPLACE  
(State or Country) *✓*

(Duration) Yrs. *1* mos. *✓* ds.

10. NAME OF FATHER *Perry Walker Smith*

Contributory (Secondary) *✓*

11. BIRTHPLACE OF FATHER *Rusdall Idaho*  
(State or Country)

(Duration) Yrs. *2* mos. *✓* ds.

12. MAIDEN NAME OF MOTHER *Delphia Mauden Prater*

(Signed) *Alvin H. Prater* M. D.

13. BIRTHPLACE OF MOTHER *Rusdall*  
(State or Country)

8/7/24 (Address) *Prater Idaho*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *W. Prater*  
(Address) *Prater*

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

15. Filed *8/7 - 12* *Dr. Prater*  
Local Registrar

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Yrs. .... mos. .... days. In the State Yrs. .... mos. .... days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *Rusdall* DATE OF BURIAL *1924*

20. UNDERTAKER ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

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RECEIVED APR 10 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## PLACE OF DEATH

County of CanyonCity of HamperRegistration District No. 7Primary Registration District No. 2006

DO NOT WRITE IN THIS SPACE

State File No. S 82855Local Registrar's No. 32

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No. 206

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 24, 1932

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Hamper  
(State or country) Idaho13. NAME Chas Marion Murray14. BIRTHPLACE (city or town) Meridian  
(State or country) Idaho15. MAIDEN NAME Bertha Evans16. BIRTHPLACE (city or town) Meridian  
(State or country) Idaho17. INFORMANT C. M. Murray  
(Address) Meridian Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Hamper Date 3/25 193319. UNDERTAKER B. W. Johnson  
(Address) Meridian Idaho20. FILED Apr 3, 1933 L. L. Rodgers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/24 193322. I HEREBY CERTIFY, That I attended deceased from.....  
....., 193....., to May 24, 1933.

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance

were as follows: Still born

Date of onset

Other contributory causes of importance:  
Detached placenta  
preceding birth

Name of operation..... Date of.....

What test confirmed diagnosis? Ultrasound Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) V. C. Deerpinger, M. D.(Address) Hamper Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 13 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE  
State File No. **S 82895**

PLACE OF DEATH  
County of Franklin  
City of Preston, Ida.

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

(No. \_\_\_\_\_)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence. No. Preston

(Usual place of abode.)

Length of residence in city or town where death occurred.

Yrs.

mos.

ds.

How long in U. S. if of foreign birth?

Yrs.

mos.

ds.

St.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Boy

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

stillbirth

6. DATE OF BIRTH (month, day and year) March 23 33

7. AGE

Years

Months

Days

If LESS than 1 day,  
hrs. or

stillbirth min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

Preston, Ida.

9. BIRTHPLACE (city or town)  
(State or country)

10. NAME OF FATHER

Felix Henry Edwards

11. BIRTHPLACE OF FATHER (city or town) Masterton

(State or Country) New Zealand

12. MAIDEN NAME OF MOTHER Viola Winger

18. BIRTHPLACE OF MOTHER (city or town) Preston, Ida.  
(State or Country)

14.

Informant  
(Address)

Felix Henry Edwards  
Preston Idaho

15.

Filed

April 18, 1933

G. W. States  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March

23

1933

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 23

1933

to Mar 23

1933

that I last saw him alive on stillbirth

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:

Asphyxia Neonatorum

CONTRIBUTORY  
(Secondary)

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Leon S. Davies

Mar 23, 1933 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston Idaho March 1933

20. Undertaker

Address

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.





# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

## PLACE OF DEATH

County of Lincoln  
City of Shoshone

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 16  
Primary Registration District No. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

State File No. **S84297**

Local Registrar's No. 22

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) April 18-33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Shoshone  
(State or country) Ida

13. NAME T. H. Gooding Jr.

14. BIRTHPLACE (city or town) Ketchum  
(State or country) Ida

15. MAIDEN NAME Hester Bennett

16. BIRTHPLACE (city or town) York  
(State or country) Neb

17. INFORMANT T. H. Gooding Jr.  
(Address) Shoshone Ida

18. BURIAL, CREMATION, OR REMOVAL  
Place Shoshone Date 4-19, 1933

19. UNDERTAKER C. E. Tichenor  
(Address) \_\_\_\_\_

20. FILED 4/19, 1933

J. L. Fuller  
Registrar.  
By [Signature] [Signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_, 1933

I last saw h. alive on \_\_\_\_\_, 1933: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: \_\_\_\_\_

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) T. E. D. Bennett, M. D.

(Address) Shoshone Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 16 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSCounty of *Bonner*City of *Idaho Falls*

## CERTIFICATE OF DEATH

Registration District No. *73*Primary Registration District No. *2140*

DO NOT WRITE IN THIS SPACE

State File No. *S85242*Local Registrar's No. *127*(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME *Infant Lambert*(a) Residence. No. *323 Hill*

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. Color or Race

*White*

5. Single, Married, Widowed or Divorced (write the words)

*Single*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

*June 30 1933*

7. AGE

Years

Months

Days

If LESS than

1 day... hrs.

or .... min.

*Still Born*

OCCUPATION

8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper, etc.*9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

*Idaho Falls Idaho*

MOTHER/FATHER

13. NAME

*Lawrence Lambert*

14. BIRTHPLACE (city or town) (State or country)

*Colorado*

15. MAIDEN NAME

*Bessie Hill*

16. BIRTHPLACE (city or town) (State or country)

*Idaho Falls Idaho*

17. INFORMANT (Address)

*Lawrence Lambert 323 Hill St. City*

18. BURIAL, CREMATION, OR REMOVAL

Place *Idaho Falls Idaho* Date *July 1 1933*

19. UNDERTAKER (Address)

*Jack A. [unclear] Idaho Falls*

20. FILED

*July 1 1933 [unclear]*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)

*June 30 1933*

22. I HEREBY CERTIFY, That I attended deceased from

*June 30 1933*, 1933, to ..... 1933.

I last saw him alive on ..... 1933; death is said

to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Premature Still born*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... *1933*

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) *Chas. [unclear] M. D.*(Address) *124 N. Eastern ave*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

RECEIVED AUG 7 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No.

**S 85412**

County of Power

City of Am. Falls, Ida Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 19

(No. Schiltz Memorial Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ronald Ringe

(a) Residence. No. St.  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 7 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn

8. Trade, profession, or particular kind of work done, as applanet, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

13. NAME Rudy Ringe

14. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

15. MAIDEN NAME Helba Schwarz

16. BIRTHPLACE (city or town) (State or country) Am. Falls, Ida.

17. INFORMANT (Address) H. J. Schwarz

18. BURIAL, CREMATION, OR REMOVAL Place I.O.O.F. ccm. Date July 8, 1933

19. UNDERTAKER (Address) H. J. Schwarz

20. FILED July 11, 1933 G. J. Nott Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from

—, 1933, to —, 1933.

I last saw h. s. alive on stillborn, 1933; death is said

to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prom. temp.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1933.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify PP. Ryan

(Signed) —, M. D.

(Address) Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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- 11.—The number of years the deceased followed the occupation.

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**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

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MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 1 1933  
 PLACE OF DEATH

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

5495

County of Ada  
 City of Boise

# CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 222221

(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Collins

(a) Residence. No. Boise, Idaho St. 206

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 28th 1933

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho  
 (State or country)

13. NAME Jack Collins.

14. BIRTHPLACE (city or town) Ind.  
 (State or country)

15. MAIDEN NAME Elizabeth Arbuckle.

16. BIRTHPLACE (city or town) Scotland.  
 (State or country)

17. INFORMANT Mrs. Arbuckle.  
 (Address) Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL  
 Place Morris Hill Cem Date 8/29/33

19. UNDERTAKER Wm. McBratney  
 (Address) Boise, Idaho

20. FILED 8-29-33 W. H. Rhodes  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/28/33

22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1933, to 8/28, 1933.

I last saw him alive on 8/28, 1933; death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset

Other contributory causes of importance:

Premature

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold Weston, M. D.

(Address) Boise, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness, of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **S85732**PLACE OF DEATH  
County of Naz PerceCity of LewistonRegistration District No. 1009Primary Registration District No. 26St Joseph Hospital

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Frances Jones(a) Residence. No. 517 C Street

St. ....

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>Black</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>single</b>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 8/6/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Miss Frances Jones16. BIRTHPLACE (city or town) (State or country) Coeur d'Alene Idaho17. INFORMANT Miss Frances Jones  
(Address) Lewiston Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Normal mill Date 8/, 193319. UNDERTAKER vassar-Shaughnessy Co  
(Address) Lewiston Idaho.20. FILED Aug 10, 1933 J. M. [Signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/6/33 193322. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1933, to Aug 6, 1933.I last saw her alive on Aug 6, 1933: death is saidto have occurred on the date stated above, at 1610 m.  
The principal cause of death and related causes of importance were as follows:Primature Birth Aug 6/335 1/2 months  
Born dead

Other contributory causes of importance:

noneName of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933.Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Carson, M. D.(Address) Lewiston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE 1

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

S 85752

County of *San Jacinto*City of *San Jacinto*Registration District No. *37*Primary Registration District No. *1085*Local Registrar's No. *104*

(No. *37*)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Howard*(a) Residence. No. *Private Hospital*, St. *St. Louis*

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) *Aug 25/33*

7. AGE Years Months Days *if LESS than 1 day, hrs. or min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Idaho*

13. NAME *Charles B. Howard*

14. BIRTHPLACE (city or town) (State or country) *Idaho*

15. MAIDEN NAME *Minnie Nelson*

16. BIRTHPLACE (city or town) (State or country) *Idaho*

17. INFORMANT (Address) *Charles B. Howard*

18. BURIAL, CREMATION, or other Place *Highway* Date *Aug 26 1933*

19. UNDERTAKER (Address) *St. Louis*

20. FILED *Aug 26, 1933* *Geo. C. Halley, M.D.* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *August 25 1933*

22. I HEREBY CERTIFY, That I attended deceased from *August 25 1933*, 1933, to *August 25 1933*, 1933.

I last saw him alive on *August 25 1933*, 1933; death is said to have occurred on the date stated above, at *St. Louis* m.

The principal cause of death and related causes of importance were as follows:

*Stillborn*

Other contributory causes of importance:

Name of operation *none* Date of *Aug 25 1933*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *none* Date of injury *Aug 25 1933*Where did injury occur? *St. Louis*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Stillborn*Nature of injury *Stillborn*

24. Was disease or injury in any way related to occupation of deceased?

*no* If so, specify *Stillborn*(Signed) *Geo. C. Halley, M.D.*(Address) *St. Louis*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Ada  
City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 2004

DO NOT WRITE IN THIS SPACE

State File No. S85794Local Registrar's No. 223(No. Salvation Army Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Weir(a) Residence. No. Boise, Idaho St. 

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of 6. DATE OF BIRTH (month, day and year)  
August 30, 1933

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.)   
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho13. NAME Woodrow Price14. BIRTHPLACE (city or town) Unknown  
(State or country)15. MAIDEN NAME Harriet E. Weir16. BIRTHPLACE (city or town) McGregor  
(State or country) Iowa17. INFORMANT Ivy M. Loney  
(Address) Sal. Army, Boise, Idaho18. BURIAL, CREMATION OR REMOVAL  
Place Morris Hill Date 9-1, 193319. UNDERTAKER W. McBratney  
(Address) Boise, Idaho20. FILED 9-1, 1933 W. A. Rhodes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 30, 1933 19322. I HEREBY CERTIFY That I attended deceased from 8-30, 1933, to 8-30, 1933.I last saw him on 8-30, 1933; death is said to have occurred on the date stated above, at  m.

The principal cause of death and related causes of importance were as follows:

Still born  
Contracted puerperal  
Cerebral Compression  
Other contributory causes of importance:  
Mother Syphilitic

Date of onset

Name of operation  Date of What test confirmed diagnosis?  Was there an autopsy? 

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?  Date of injury, 1933.Where did injury occur?   
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) W. A. Rhodes M. D.  
(Address) Boise, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bannock  
City of Idaho Falls

# CERTIFICATE OF DEATH

State File No. S85892

Registration District No. 73

Primary Registration District No. 2nd

Local Registrar's No. 140

(No. 205 Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number)

## 2. FULL NAME

(a) Residence. No. L. D. L. Hospital

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
Sept 18 - 1933

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.  
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Idaho

13. NAME Demont Hedlon Tracy

14. BIRTHPLACE (city or town) Rt 3 Idaho Falls  
(State or country) Idaho

15. MAIDEN NAME Beatrice Beulah Shaw

16. BIRTHPLACE (city or town) Idaho Falls  
(State or country) Idaho

17. INFORMANT father  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Idaho Falls Date Sept 17, 1933

19. UNDERTAKER none  
(Address)

20. FILED Sept 17, 1933  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1933 to Sept 18, 1933

I last saw him alive on Sept 18, 1933 death is said to have occurred on the date stated above, at 12:30 AM  
The principal cause of death and related causes of importance were as follows:

Placental Circulation  
Date of onset 9/16 or 17

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also Accident, suicide, or homicide? Date of injury, 1933.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Idaho Falls M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED OCT 5 1933

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

S86022

State File No.

## PLACE OF DEATH

County of Nez PerceCity of LewistonRegistration District No. 1009Primary Registration District No. 96

Local Registrar's No.

(No. 128-10th Street)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant son of Mr. & Mrs. Tim Coloma(a) Residence. No. 128-10th Street

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Yellow5. Single, Married, Widowed,  
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept, 13, 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.000

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Lewiston,  
Idaho

MOTHER FATHER

13. NAME Tim Coloma14. BIRTHPLACE (city or town)  
(State or country)Honolulu

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)Tim Coloma18. BURIAL, CREMATION OR REMOVAL  
PlaceLewiston, Idaho19. UNDERTAKER  
(Address)Vassar-Shaughnessy Mortuary  
Lewiston, Idaho20. FILED Oct 2, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 13, 1933, to Sept 13, 1933.I last saw him Still Born, 1933: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance  
were as follows:

Date of onset

Still Born

Other contributory causes of importance:

Mal position  
Fast first

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify \_\_\_\_\_

(Signed) C. L. White, M. D.(Address) Lewiston Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. C. L. White

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  
County of Nezperce  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

86366

S

State File No.

Registration District No. 1009Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph Hosptial)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Mr & Mrs Earl McHargue(a) Residence. No. Graingeville, Idaho. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/30/33

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, Idaho.  
(State or country)

13. NAME Earl McHargue

14. BIRTHPLACE (city or town) Kentucky  
(State or country)

15. MAIDEN NAME Cleo Williams

16. BIRTHPLACE (city or town) Oregon.  
(State or country)

17. INFORMANT Earl McHargue  
(Address) Graingeville, Idaho.

18. BURIAL, CREMATION, OR REMOVAL  
Place Graingeville, Idaho 10/31/33

19. UNDERTAKER Vassar-Shaughnessy Co.  
(Address) Lewiston Idaho

20. FILED Nov. 2, 1933 J. M. Lyle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/30/33 193

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1933, to 10/30, 1933

I last saw him alive on 10/30, 1933. death is said

to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Difficult birth with delayed delivery of after coming dead causing asphyxia*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Johnson J. D.

(Address) Lewiston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 8 1933 STATE OF IDAHO  
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE  
County of Lewis & Clark BUREAU OF VITAL STATISTICS  
City of Buhl **CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

86417

S

State File No.

Registration District No. 39  
Primary Registration District No. 2087 Local Registrar's No. 206

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Douglas

(a) Residence. No. 328 - 8th av. S. St. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred. X yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years X Months X Days X If LESS than 1 day, hrs. or min. 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Buhl Idaho

MOTHER FATHER

13. NAME E. J. Douglas

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Ada M. Paszani

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) E. J. Douglas Buhl, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Buhl Ida Date Oct 10, 1933

19. UNDERTAKER (Address) Evans & Johnson Buhl Ida

20. FILED 10-12, 1933 J. H. Waples Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Birth, 1933, to Oct 9, 1933

I last saw him alive on Nov 1, 1933; death is said to have occurred on the date stated above, at 12 P. M.  
The principal cause of death and related causes of importance were as follows:

Death Pre Natal

Date of onset

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) R. E. Smith, M. D.

(Address) Buhl Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <b>S86889</b>	
PLACE OF DEATH <i>Home</i>		Registration District No. <i>28</i>	
County of <i>Bonneville</i>	City of <i>Beauregard</i>	Primary Registration District No. <i>2161</i>	Local Registrar's No. <i>233</i>
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Infant Moore</i>		St. <i>Beauregard, Idaho</i>	
(a) Residence. No. <i>128</i>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <i>!</i>	4. COLOR OR RACE <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <i>12/11/33</i>			
7. AGE <i>Stellborn</i>	Years	Months	Days
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) (State or country)			
13. NAME <i>H. N. Moore</i>			
14. BIRTHPLACE (city or town) (State or country)			
15. MAIDEN NAME			
16. BIRTHPLACE (city or town) (State or country)			
17. INFORMANT (Address) <i>H. N. Moore</i>			
18. BURIAL, CREMATION, OR REMOVAL Place Date <i>12/11/33</i>			
19. UNDERTAKER (Address) <i>Beauregard, Idaho</i>			
20. FILED <i>12/11/33</i> , 1933 <i>D. C. Ray</i> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <i>12/11/33</i>			
22. I HEREBY CERTIFY That I attended deceased from <i>Stellborn</i> , 1933, to <i>Stellborn</i> , 1933.			
I last saw him alive on <i>12/11/33</i> , 1933; death is said to have occurred on the date stated above, at <i>Stellborn</i> . The principal cause of death and related causes of importance were as follows:			
<i>Spied in water</i>			
Other contributory causes of importance: <i>Immaturity</i>			
Name of operation Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury <i>1933</i> . Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <i>M. J. May</i> , M. D. (Address) <i>Beauregard, Idaho</i>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of.....Barnes  
City of.....Pocatello  
No. 101 South Johnson St.

## STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

209169

Pocatello General Hospital Registration District No. 28 State File No. ....  
(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 3  
FULL NAME OF CHILD Stillborn Hurst, Arthur Lewis  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>January 4</u> 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth.....One (a) Born alive and now living.....One  
Born alive but now dead.....None Stillborn.....Three

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
<u>Clarence</u>	<u>Merlyn Hurst</u>	<u>Eva Marie</u>	<u>Johnson</u>
Residence (Usual place of abode)..... <u>Blackfoot, Idaho</u>		Residence (Usual place of abode)..... <u>Blackfoot, Idaho</u>	
It non-resident, give place and State..... <u>White</u>		It non-resident, give place and State..... <u>White</u>	
Color or race..... <u>White</u> Age at last Birthday..... <u>46</u> (Years)		Color or race..... <u>White</u> Age at last Birthday..... <u>31</u> (Years)	
Birthplace..... <u>Wichita, Kansas</u> (City and State or County)		Birthplace..... <u>Valparaiso, Indiana</u> (City and State or County)	
Occupation..... <u>Housekeeper</u>		Occupation..... <u>Apiarist</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at 4 P M.  
on the date above stated. (Signature) W. Brothens

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Pocatello, Idaho  
Filed Feb 9 1933 D. C. Ray  
Registrar.

REPORT OF PHYSICIAN  
 DEPARTMENT OF HEALTH AND WELFARE  
 BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

Local Registrar  
 Date of Birth  
 Date of Death  
 Cause of Death  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

Occupation  
 Education  
 Marital Status  
 Name of Physician  
 Date of Birth  
 Date of Death  
 Cause of Death  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

Signature  
 Date  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

REPORT OF PHYSICIAN  
 DEPARTMENT OF HEALTH AND WELFARE  
 BUREAU OF VITAL STATISTICS

Local Registrar  
 Date of Birth  
 Date of Death  
 Cause of Death  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

Occupation  
 Education  
 Marital Status  
 Name of Physician  
 Date of Birth  
 Date of Death  
 Cause of Death  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

Signature  
 Date  
 Place of Birth  
 Place of Death  
 Sex  
 Race  
 Color  
 Religion  
 Occupation  
 Education  
 Marital Status  
 Name of Physician

THIS REPORT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND WELFARE, ALBANY, NEW YORK.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 1 1934		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 81991 State File No. ....	
PLACE OF DEATH		COUNTY OF <u>Bannack</u>		CITY OF <u>Pocatello</u>	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>2</u>	
(No. <u>Pocatello General Hos.</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Hurst</u> <u>(Arthur Lewis)</u> <u>Blackfoot</u> <u>Idaho</u>					
(a) Residence. No. .... St. .... (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. <u>Life</u> mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Boy</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced. <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-----</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 4, 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, .... hrs. or min.	
<u>Still Born</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>None</u>		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Pocatello</u> <u>Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>C. M. Hurst</u>				
	14. BIRTHPLACE (city or town) <u>Knaas</u> (State or country)				
	15. MAIDEN NAME <u>Johnson</u>				
	16. BIRTHPLACE (city or town) <u>Neb.</u> (State or country)				
17. INFORMANT <u>C. M. Hurst</u> (Address) <u>Blackfoot Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Blackfoot</u> Date <u>Jan. 5</u> , 193 <u>3</u>					
19. UNDERTAKER <u>Mc. Han Undertaking Co.</u> (Address)					
20. FILED <u>Jan 4</u> , 193 <u>3</u> <u>De C Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 4</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1-4-33</u> , 193 <u>3</u> to <u>1-4</u> , 193 <u>3</u>					
I last saw him <u>alive on</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>-----</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					Date of onset <u>12-29-32</u>
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>-----</u>					
What test confirmed diagnosis? <u>Chin</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>-----</u> Date of injury <u>-----</u> , 193 <u>3</u> Where did injury occur? <u>-----</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>-----</u> Manner of injury <u>-----</u> Nature of injury <u>-----</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>-----</u> (Signed) <u>W. B. Groves</u> M.D. (Address) <u>Pocatello, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				S	
County of <u>Bannock</u>				RECEIVED FEB 11 1933				CERTIFICATE OF BIRTH	
City of <u>Boise</u>				Registration District No. <u>28</u>				State File No. <u>209221</u>	
No. _____ St. _____				Prim. Registration District No. <u>2161</u>				Local Registrar's No. <u>28</u>	
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Willie Lorne Stuart</u>									
3. Sex <u>male</u>		4. Twin, triplet, or other _____		6. Premature _____		7. Legitimate _____		8. Date of birth <u>Jan 31</u> , 193 <u>3</u> (MONTH, DAY, YEAR)	
If plural births _____		5. Number, in order of birth _____		Full term _____		mate _____			
9. Full name FATHER <u>William C. Stuart</u>				18. Full maiden name MOTHER <u>Melvin Pope</u>					
10. Residence (usual place of abode) <u>Boise Idaho</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Idaho</u> (If non-resident, give place and State)					
11. Color or race <u>W</u>				12. Age at last birthday <u>38</u> (years)				20. Color or race <u>W</u>	
13. Birthplace (city or place) <u>Am Fork Idaho</u> (State or country)				21. Age at last birthday <u>37</u> (years)				22. Birthplace (city or place) <u>Boise Idaho</u> (State or country)	
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Teacher</u>			
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
		16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____			
		17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____			
		19. _____				19. _____			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
28. If stillborn, period of gestation <u>9 months</u>		29. Cause of stillbirth _____				Before labor _____		During labor _____	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7<sup>12</sup> a. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. Miller, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

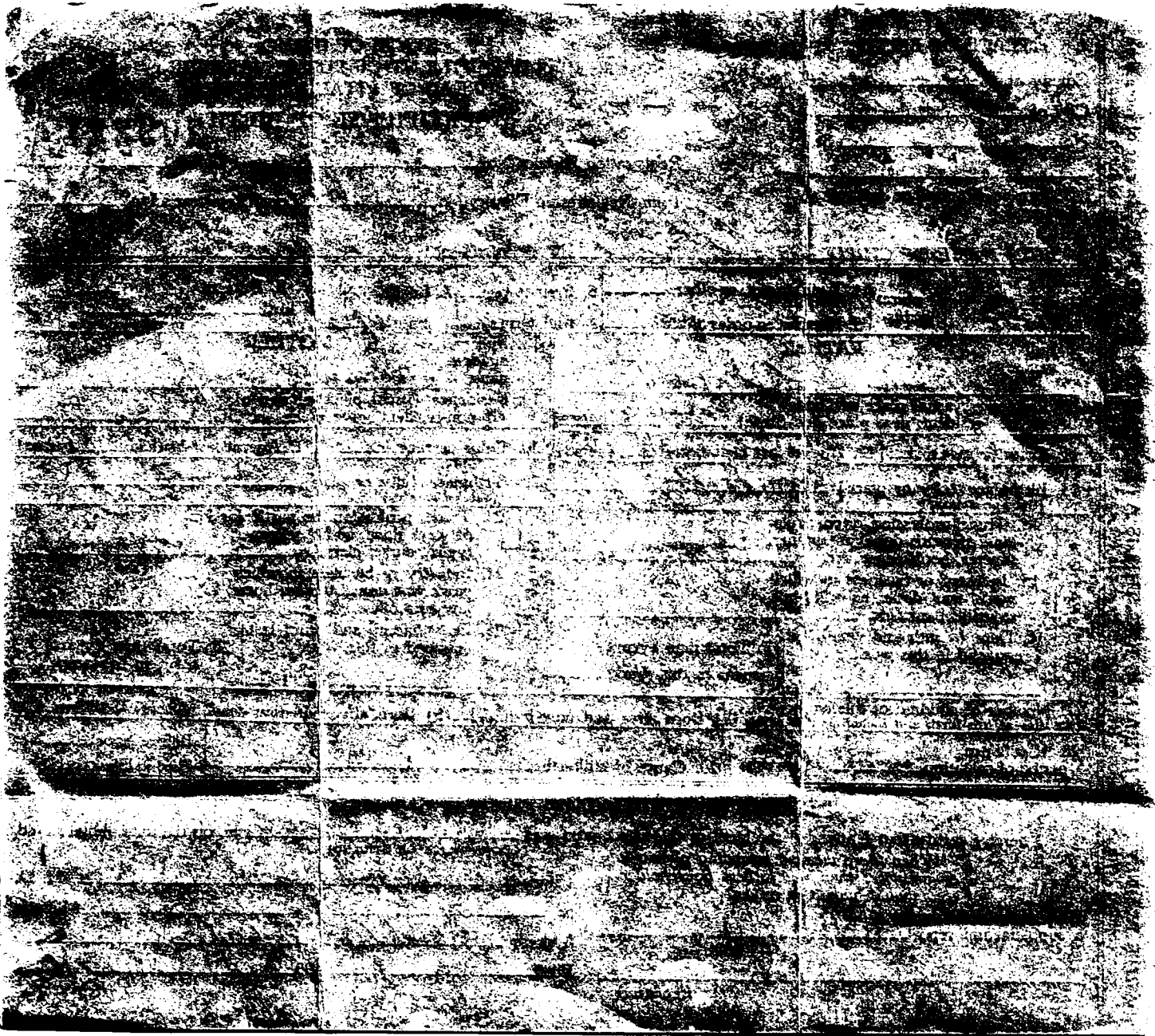
(DATE OF)

Address Boise Idaho

Filed Feb 9, 1933

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

<b>RECEIVED</b> PLACE OF DEATH County of <u>Bannock</u> City of <u>Tyhee</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b> Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> (No. <u>Residence at Tyhee</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)		DO NOT WRITE IN THIS SPACE State File No. <u>81988</u> Local Registrar's No. <u>13</u>	
2. FULL NAME <u>Infant Stuart</u> (a) Residence. No. <u>Ranch at Tyhee</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>		21. DATE OF DEATH (month, day, and year) <u>Jan 31 1933</u>			
6. DATE OF BIRTH (month, day, and year) <u>Jan 31, 1933</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 31, 1933</u> , to <u>Jan 31, 1933</u> . I last saw him alive on <u>Jan 31, 1933</u> ; death is said to have occurred on the date stated above, at <u>7:25 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Still born</u>			
7. AGE <u>Stillborn</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min. <u>0</u>	Date of onset <u>Still born</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Infant</u>		11. Total time (years) spent in this occupation <u>Infant</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Tyhee Idaho</u>		Other contributory causes of importance:   			
MOTHER FATHER	13. NAME <u>William C. Stuart</u>		Name of operation _____ Date of _____		
	14. BIRTHPLACE (city or town) (State or country) <u>American Fork Utah</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
	15. MAIDEN NAME <u>Melvian Pope</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>33</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____		
	16. BIRTHPLACE (city or town) (State or country) <u>Basalt Idaho</u>		Manner of injury _____ Nature of injury _____		
17. INFORMANT (Address) <u>William C. Stuart Tyhee Idaho</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Dr. Ray</u> , M. D. (Address) <u>Pocatello Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mountain View</u> Date <u>Feb 1, 1933</u>					
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>Feb 1, 1933</u>					

*Dr. Ray*  
*Dr. Bonner*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
------------	-------------

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine  
City of Hailey  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

RECEIVED FEB 6 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S  
209270

Registration District No. 57 State File No. \_\_\_\_\_

Prim. Registration District No. 2022 Local Registrar's No. 6

2. FULL NAME OF CHILD

Steelborn

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 1-21, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term yes mate? yes (MONTH, DAY, YEAR)

9. Full name FATHER Glen Rice

10. Residence (usual place of abode) Hailey  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Packham Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 12  
\_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, full term \_\_\_\_\_ months or weeks 29. Cause of stillbirth Exsanguination (uterine) Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Steelborn at 2 P m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_

Registrar.

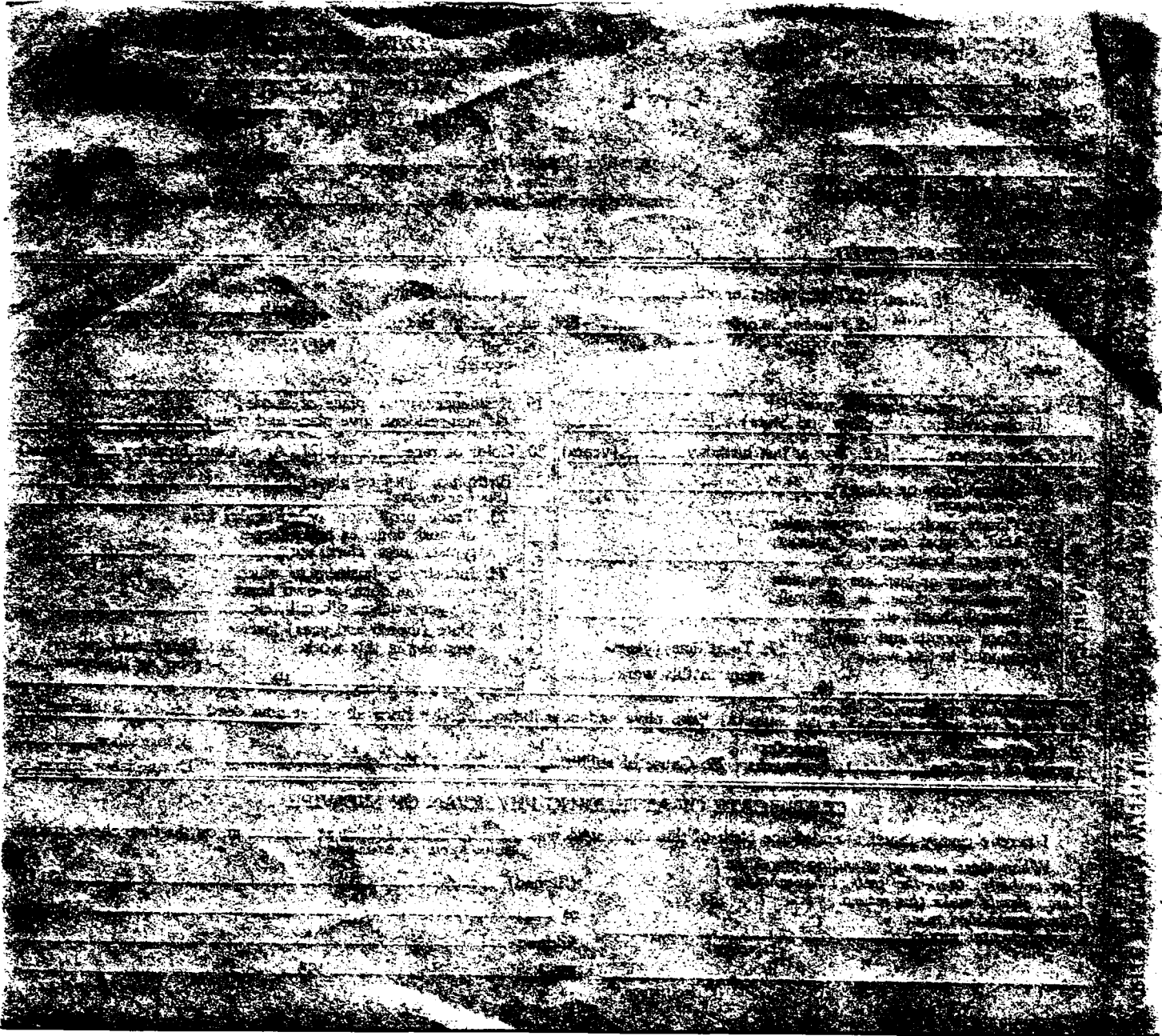
(Signed) Robert H. Wright, M. D.

or \_\_\_\_\_ Midwife

Address Hailey, Idaho

Filed 2-2, 1933 Robert H. Wright

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED FEB 6 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 82048

Local Registrar's No. 6

PLACE OF DEATH  
County of Blaine  
City of Hailey

CERTIFICATE OF DEATH  
Registration District No. 57  
Primary Registration District No. 2022  
(No. )

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE white  
5 Single, Married, Widowed, or Divorced (write the word) ✓

5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 1-21-1933

7 AGE Years Months Days  
✓ ✓ ✓  
If LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hailey Idaho.  
(State or country)

10 NAME OF FATHER Glenn Rice

11 BIRTHPLACE OF FATHER (city or town) Rockland, Ida  
(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Howard

13 BIRTHPLACE OF MOTHER (city or town) Alexandria, Minn.  
(State or country)

14 Informant Glenn Rice  
(Address) Hailey, Idaho-

15 Filed 2-2-33 R. H. Wright - Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 21 33  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

✓, 19, to ✓, 19,

that I last saw h. alive on ✓, 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows: Stillborn

Exsanguination (uterine)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted  
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert H. Wright M. D.  
1-22-33 (Address) Hailey, Ida

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Hailey, Idaho  
Date of Burial 1-22-33

20. Undertaker Family - Address Hailey, Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS** —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 4 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 209313

County of Bonneville  
City of Idaho Falls  
No. \_\_\_\_\_ St. \_\_\_\_\_

I. D. Hospital  
(If born in hospital or institution  
give name.)

Registration District No. 73 State File No. \_\_\_\_\_

Prim. Registration District No. PIN 70 Local Registrar's No. 2A

FULL NAME OF CHILD Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 14</u> 193 <u>3</u> (Month) (Day) (Year)
-------------------------------	---	-----	--------------------------------	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 2 (a) Born alive and now living 1  
Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME	<u>Albert W. Frei</u>	FULL MAIDEN NAME	<u>Masha Blen Frey</u>
Residence (Usual place of abode)	<u>Idaho Falls Route 5</u>	Residence (Usual place of abode)	<u>Idaho Falls, Ida Route 5</u>
If non-resident, give place and State	_____	If non-resident, give place and State	_____
Color or race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Color or race <u>White</u>	Age at last Birthday <u>34</u> (Years)
Birthplace <u>Payson, Utah</u>	(City and State or County)	Birthplace <u>Reynolds, Idaho</u>	(City and State or County)
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 15 P. M.  
on the date above stated.

(Signature) [Signature]  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Idaho Falls Ida  
Filed 1/15 19 33 W. F. Funnell  
Registrar.

THE NEW YORK  
OFFICE OF THE  
NATIONAL BUREAU OF INVESTIGATION  
REPORT OF SPECIAL AGENT IN CHARGE  
JAMES J. CONNELLEY  
ON THE  
MURDER OF JAMES J. CONNELLEY  
AT NEW YORK, N. Y., ON APRIL 1, 1934  
BY  
SPECIAL AGENT IN CHARGE  
JAMES J. CONNELLEY



RECEIVED FEB 4 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82071

State File No. ....

## PLACE OF DEATH

County of Idaho Falls  
City of Bonner

## CERTIFICATE OF DEATH

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. ....

(No. ....)

(If death occurred in hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. ....

yrs.

mos.

ds.

How long in U. S. if of foreign birth? ....

yrs.

mos.

ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white5. Single, Married, Widowed,  
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Jan 14 1933

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or  
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)Idaho Falls

10. NAME OF FATHER

Albert H. Free11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)Payson Utah

12. MAIDEN NAME OF MOTHER

Martha Blende13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)Reynolds Idaho

14.

Informant  
(Address)father

15.

Filed

Jan 17, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan1433

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 4, 1933to Jan 14, 1933

that I last saw him alive on

and that death occurred, on the date stated above, at Jan 4 m.\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH was as follows:Suppurative Strangulation  
in situ due to  
tearing of the cord(duration) .... yrs. .... mos. 10 ds.CONTRIBUTORY  
(Secondary)

(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat was confirmed diagnosis? clinical

(Signed)

M. D.

(Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Cremation - BSA Hotel - CityJan 15 - 1933

20. Undertaker

Address

none

PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED FEB 15 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

209391

S

1. PLACE OF BIRTH  
County of Canyon  
City of Baldwell, Idaho  
No. R#13 St. \_\_\_\_\_

Registration District No. 9 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2005 Local Registrar's No. 11

2. FULL NAME OF CHILD Baby Jenkins Stillborn

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 3</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name FATHER  
William Harvey Jenkins

10. Residence (usual place of abode)  
(If non-resident, give place and State) Baldwell, Idaho

11. Color or race white 12. Age at last birthday 41 (years)

13. Birthplace (city or place) Penfield, Ill.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, 8 1/2 months or weeks { 29. Cause of stillbirth Placenta Praevia Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 2:00 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) C. R. Whiteberger D.O. M. D.

or Eclectic Midwife

Address Baldwell, Idaho

Filed 2-13, 1935 John S. Meyer

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED FEB 14 1933** STATE OF IDAHO  
County of Caribou DEPARTMENT OF PUBLIC WELFARE  
City of Soda Springs BUREAU OF VITAL STATISTICS  
No. Caribou Hospital St. 209396  
(If born in hospital or institution give name.)  
Registration District No. 82 State File No. S  
Prim. Registration District No. 2159 Local Registrar's No. 4

2. FULL NAME OF CHILD Calvin ~~is~~ Ruth Stillborn

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other <u>-</u>	6. Premature <u>-</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan 19</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Witchel Ruth</u>	FATHER			18. Full maiden name <u>Isabell Skinner</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Spgs</u>	5. Number, in order of birth <u>-</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Spgs</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>50</u> (years)			20. Color or race <u>W</u> 21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) (State or country) <u>Findlay, Ohio</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			22. Birthplace (city or place) (State or country) <u>Hougan</u>	
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>misc</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	16. Date (month and year) last engaged in this work <u>Jan</u> , 19 <u>33</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
OCCUPATION	17. Total time (years) spent in this work <u>Life</u>			25. Date (month and year) last engaged in this work <u>Jan. Life</u> , 19 <u>33</u>	
	26. Total time (years) spent in this work <u>20</u>				
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9</u> { months or weeks } 29. Cause of stillbirth <u>Placenta Praevia</u> { Before labor <u>✓</u> During labor <u>-</u> }					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6:49 a. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Russell Zigert, M. D.

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

or \_\_\_\_\_ Midwife

Address Soda Springs, Ida

Filed Jan 31, 1933 Dr. R. Zigert  
Registrar.

THE PROSECUTION

THE DEFENSE

THE JURY

THE COURT

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 10 1933 STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82127

State File No.

County of Caribou

## CERTIFICATE OF DEATH

City of Soda SpringsRegistration District No. 82Primary Registration District No. 2159Local Registrar's No. 2(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

206

2. FULL NAME Calvin Ray Ruth(a) Residence. No.        St.       

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs. mos.

(If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth?

yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of         
(or) WIFE of       6. DATE OF BIRTH (month, day, and year) Jan. 19, '337. AGE Years        Months        Days        If LESS than 1 day,        hrs.        min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.       9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       10. Date deceased last worked at this occupation (month and year)       11. Total time (years) spent in this occupation       12. BIRTHPLACE (city or town) Soda Springs  
(State or country) Idaho13. NAME Mitchel Ruth14. BIRTHPLACE (city or town) Finsley Ohio  
(State or country)15. MAIDEN NAME Isabel Skinner16. BIRTHPLACE (city or town) Wayman  
(State or country) Idaho17. INFORMANT Mitchel Ruth  
(Address) Soda Springs, Idaho18. BURIAL, CREMATION, OR REMOVAL Idaho  
Place Soda Springs Date Jan 19 193319. UNDERTAKER E. D. Whitman  
(Address) Soda20. FILED 1-31, 1933 Dr. R. Fager  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 19, 193322. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1933 to Jan. 19, 1933I last saw him/her on Jan. 19, 1933; death is saidto have occurred on the date stated above, at 6:30 pm.

The principal cause of death and related causes of importance

were as follows: Placenta Praevia -MaternalOther contributory causes of importance:



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED FEB 6 1933		STATE OF IDAHO	
County of <u>Clearwater</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Progreso - on (Highway)</u>		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH	
No. _____ St. _____		Registration District No. <u>20</u>		State File No. _____	
(If born in hospital or institution give name.) <u>Mother in Nelson Hosp</u>		Prim. Registration District No. <u>2187</u>		Local Registrar's No. <u>5</u>	
2. FULL NAME OF CHILD <u>Jerry Lang</u>					
3. Sex <u>male</u>		4. Twin, triplet, or other <u>✓</u>		5. Number, in order of birth <u>✓</u>	
6. Premature <u>yes</u>		7. Legitimate <u>yes</u>		8. Date of birth <u>1-7, 1933</u>	
9. Full name <u>Cal Lang</u>		FATHER		MOTHER	
10. Residence (usual place of abode) <u>Hollywood</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) <u>Canada</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber jack</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Woods</u>	
16. Date (month and year) last engaged in this work <u>July 1922</u>		17. Total time (years) spent in this work <u>2</u>		18. Full maiden name <u>Elsie May Mix</u>	
19. Residence (usual place of abode) <u>Hollywood</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>18</u> (years)	
22. Birthplace (city or place) <u>Colton Washington</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Repair</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>	
25. Date (month and year) last engaged in this work <u>✓</u>		26. Total time (years) spent in this work <u>✓</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>	
28. If stillborn, period of gestation <u>6 1/2 mo</u> months or weeks		29. Cause of stillbirth <u>Probably contracted cord</u>		Before labor <u>yes</u> During labor <u>✓</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at about 3 am m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. T. Robertson M. D.

or \_\_\_\_\_ Midwife

Address Progreso Idaho

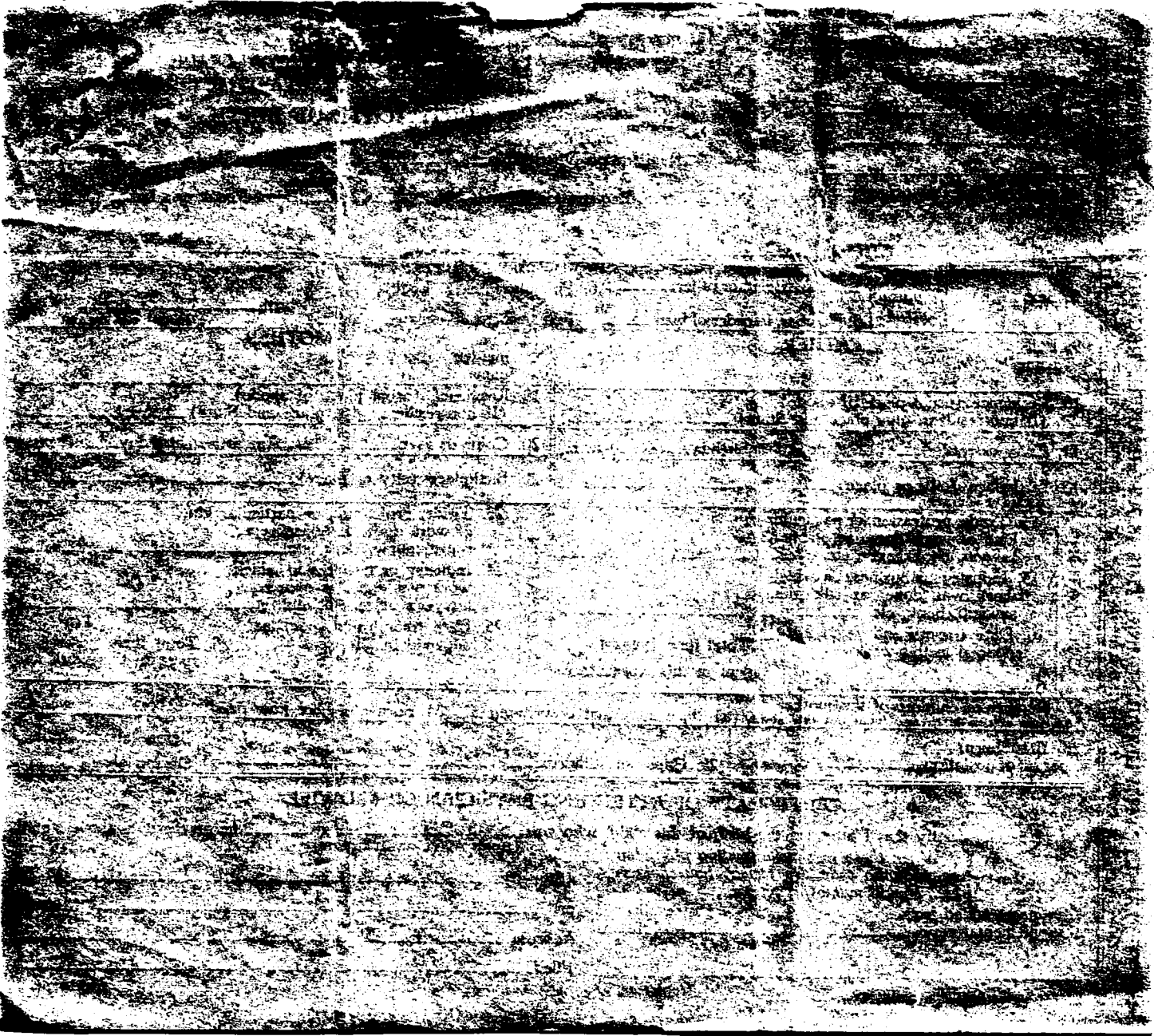
Filed 1/30 193 W. A. Shaver

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.



RECEIVED FEB 6 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 82153

## PLACE OF DEATH

County of Clearwater  
City of Orofino

## CERTIFICATE OF DEATH

Registration District No. 90  
Primary Registration District No. 2187

Local Registrar's No. 2

(No. )

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male

## 4. COLOR OR RACE

white

## 5. Single, Married, Widowed, or Divorced (write the word.)

Born dead

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day and year)

1-7-33

## 7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or  
min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)On Highway coming to  
Hospital Hollywood to Orofino

## 10. NAME OF FATHER

Cal Lang

11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)

Canada

## 12. MAIDEN NAME OF MOTHER

Elsie May Mix

13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)

Colton Id

## 14.

Informant  
(Address)

Mrs. Elsie May Lang - mother

## 15.

Filed

Jan 7

19

W. A. Shaver

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

(Month)

(Day)

1933  
(Year)

## 17. I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

and that death occurred, on the date stated above, at

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Born dead - probably constricted  
umbilical cord - Born in  
auto on way to Hospital

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

1-7

1933

(Address) Orofino Idaho

## 19. Place of Burial, Cremation, or Removal

## Date of Burial

Orofino Ida

Jan 7 19

## 20. Undertaker

## Address

W. A. Shaver

Orofino

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.).** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: "Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED FEB 16 1933

County of Hemont  
City of St. Anthony  
No. St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

209474

Registration District No. 99 State File No. 2177  
(If born in hospital or institution give name.) Prim. Registration District No. 2177 Local Registrar's No. 162  
FULL NAME OF CHILD (Stillbirth) 5mo.  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin <u>Twin</u> or Triplet or other? <u>and</u>	Number in order of birth <u>4</u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 31</u>	<u>1934</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? Stillbirth

Number of child of this mother, including present birth 4 (a) Born alive and now living 2  
Born alive but now dead 1 Stillborn 2

FULL NAME <u>Wm Raymond Myers</u>	FATHER	FULL MAIDEN NAME <u>Arba Baker</u>	MOTHER
Residence (Usual place of abode) <u>St. Anthony</u>		Residence (Usual place of abode) <u>St. Anthony, Ida</u>	
If non-resident, give place and State <u>Idaho</u>		If non-resident, give place and State <u>Idaho</u>	
Color or race <u>White</u>	Age at last Birthday <u>23</u> (Years)	Color or race <u>White</u>	Age at last Birthday <u>19</u> (Years)
Birthplace <u>Thayne, Wyo</u>	(City and State or County)	Birthplace <u>Hibbard, Ida</u>	(City and State or County)
Occupation <u>Laborer</u>		Occupation <u>Laborer</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6:50 P. M.  
on the date above stated. (Signature) P. M. Kelly, M. D.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address St. Anthony, Ida  
Filed Feb 6 1933 Sarah Munk  
Registrar.

I have been told that the person who was with the father, [Name], was the same person who was with the mother, [Name]. I am not sure if this is true or not, but I am sure that the person who was with the father was the same person who was with the mother.

(Signature)

I hereby certify that I attended the birth of this child, who was [Name], on [Date] at [Location].

Home address

STATE OF [State]

Registration

City and State of [City and State]

(Years)

Color of face

Birth date, sex, place and time

Parents (last names and initials)

Child's name

Child's name and new name

FATHER

Signature of child, including present name (a) Born name and new name

Signature of person who was used to present child's name

(b) Signature of person who was used to present child's name

Length of stay

Place of birth

(c) Signature of person who was used to present child's name

Signature of person who was used to present child's name

Signature of person who was used to present child's name

Signature of person who was used to present child's name

Signature of person who was used to present child's name

Signature of person who was used to present child's name

2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Frederick  
City of St. Anthony  
No. 50

FEB 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209475

S

Registration District No. 89 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 217 Local Registrar's No. 163

FULL NAME OF CHILD Still Birth 5 months  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>2</u> and {	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of birth <u>Jan. 31</u> 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth 3 (a) Born alive and now living 2  
Born alive but now dead 1 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Wm Raymond Munn</u>	FULL MAIDEN NAME <u>Arba Parker</u>		
Residence (Usual place of abode) <u>St. Anthony</u>	Residence (Usual place of abode) <u>St. Anthony, Ida.</u>		
Is non-resident, give place and State <u>L</u>	Is non-resident, give place and State <u>L</u>		
Color or race <u>White</u> Age at last Birthday <u>29</u>	Color or race <u>White</u> Age at last Birthday <u>19</u>		
Birthplace <u>Thayne, Wyo</u> (City and State or County)	Birthplace <u>Hibbard, Ida.</u> (City and State or County)		
Occupation <u>Bar owner</u>	Occupation <u>Wife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at 6:50 a.m.  
on the date above stated. { Stillborn }

(Signature) P. M. Kelly M.D.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address St. Anthony, Ida.  
Filed Feb. 6 1933 Sarah Munn  
Registrar.

RECEIVED  
JAN 11 1944  
U.S. DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH  
WASHINGTON, D.C.

DATE OF BIRTH \_\_\_\_\_  
PLACE OF BIRTH \_\_\_\_\_  
CITY AND STATE OF BIRTH \_\_\_\_\_  
COUNTRY OF BIRTH \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
CITY AND STATE OF DEATH \_\_\_\_\_  
COUNTRY OF DEATH \_\_\_\_\_

U.S. DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH  
WASHINGTON, D.C.

Registration Number \_\_\_\_\_  
Date of Registration \_\_\_\_\_  
Place of Registration \_\_\_\_\_  
City and State of Registration \_\_\_\_\_  
Country of Registration \_\_\_\_\_

Is this child a member of the household? \_\_\_\_\_  
If so, what is the relationship? \_\_\_\_\_  
If not, what is the relationship? \_\_\_\_\_  
Is this child a member of the household? \_\_\_\_\_  
If so, what is the relationship? \_\_\_\_\_  
If not, what is the relationship? \_\_\_\_\_

Is this child a member of the household? \_\_\_\_\_  
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Is this child a member of the household? \_\_\_\_\_  
If so, what is the relationship? \_\_\_\_\_  
If not, what is the relationship? \_\_\_\_\_



RECEIVED FEB 11 1933

## PLACE OF BIRTH

County of GoshuteCity of GoshuteNo. Indians Hospital St.

(If born in hospital or institution give name.)

FULL NAME OF CHILD StillbirthRegistration District No. 24State File No. 76Prim. Registration District No. CressmanLocal Registrar's No. 76

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child FemaleTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birthLegiti-  
mate? yesDate of  
birth Jan. 14

(Month)

(Day)

(Year)

1933

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth..... (a) Born alive and now living 0Born alive but now dead..... Stillborn 1FATHER  
FULL NAME Edward Edson ChrismanMOTHER  
FULL MAIDEN NAME Myrtle Gladys RemingtonResidence (Usual place of abode) Shoshone, IdahoResidence (Usual place of abode) Shoshone, Idaho

If non-resident, give place and State

If non-resident, give place and State

Color or race White Age at last Birthday 32Color or race White Age at last Birthday 25Birthplace Shoshone, Idaho (Years)Birthplace Miami, Oklahoma (Years)Occupation Mercantile BusinessOccupation Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at ..... M.  
on the date above stated.(Signature) Dr. F. E. BarrettBy J. H. C. R. N.

(Physician or midwife)

Address Shoshone, IdahoFiled 31 - 1933 J. H. C. R. N.

Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

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I hereby certify that I attended the birth of the child who was  
 born at \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 \*Where there are no attending physicians or midwives, the mother shall sign this certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82180

State File No. ....

County of Gooding  
City of Idaho

Registration District No. 24

Primary Registration District No. ....

Local Registrar's No. 208

(No. Gooding Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Cressman

(a) Residence. No. .... St. ....  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 14 th '33

7. AGE Steelborn  
Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding Ida  
(State or country)

13. NAME F. E. Cressman

14. BIRTHPLACE (city or town) Shoshone  
(State or country) Ida

15. MAIDEN NAME Myrtle G Pennington

16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT F. E. Cressman  
(Address) Shoshone

18. BURIAL, CREMATION, OR REMOVAL  
Place Shoshone Date 1/5, 1933

19. UNDERTAKER A. E. Thompson  
(Address) Gooding Ida

20. FILED 1-21-, 1933 J. A. Cressman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933, to Jan 14, 1933

I last saw him alive on Jan 14, 1933, death is said

to have occurred on the date stated above, at Idaho m.

The principal cause of death and related causes of importance were as follows: Stillborn

Date of onset

Other contributory causes of importance:

Stillborn

Stillborn

Stillborn

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Jan 14, 1933

Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify  
(Signed) F. E. Cressman, M. D.  
(Address) Shoshone Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Replung</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 209583	
(If born in hospital or institution give name.)		Registration District No. <u>100</u>	State File No. _____
2. FULL NAME OF CHILD <u>Stallhorn</u>		Prime Registration District No. <u>2176</u>	Local Registrar's No. <u>5</u>
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____
6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Jan 16, 1933</u> (MONTH, DAY, YEAR)	
9. Full name <u>K. Miyosaki</u>		18. Full maiden name <u>Witen Miyosaki</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Replung</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Replung, R.</u>	
11. Color or race <u>Jap.</u>		20. Color or race <u>Jap.</u>	
12. Age at last birthday <u>46</u> (years)		21. Age at last birthday <u>46</u> (years)	
13. Birthplace (city or place) (State or country) <u>Japan</u>		22. Birthplace (city or place) (State or country) <u>Japan</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Solover</u>		
	16. Date (month and year) last engaged in this work <u>Feb. 7, 1933</u>		
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>12</u> (b) Born alive but now dead <u>X</u> (c) Stillborn <u>1</u>			
28. If stillborn, _____ months or weeks		29. Cause of stillbirth _____	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stallhorn at 8 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. B. Rigby, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

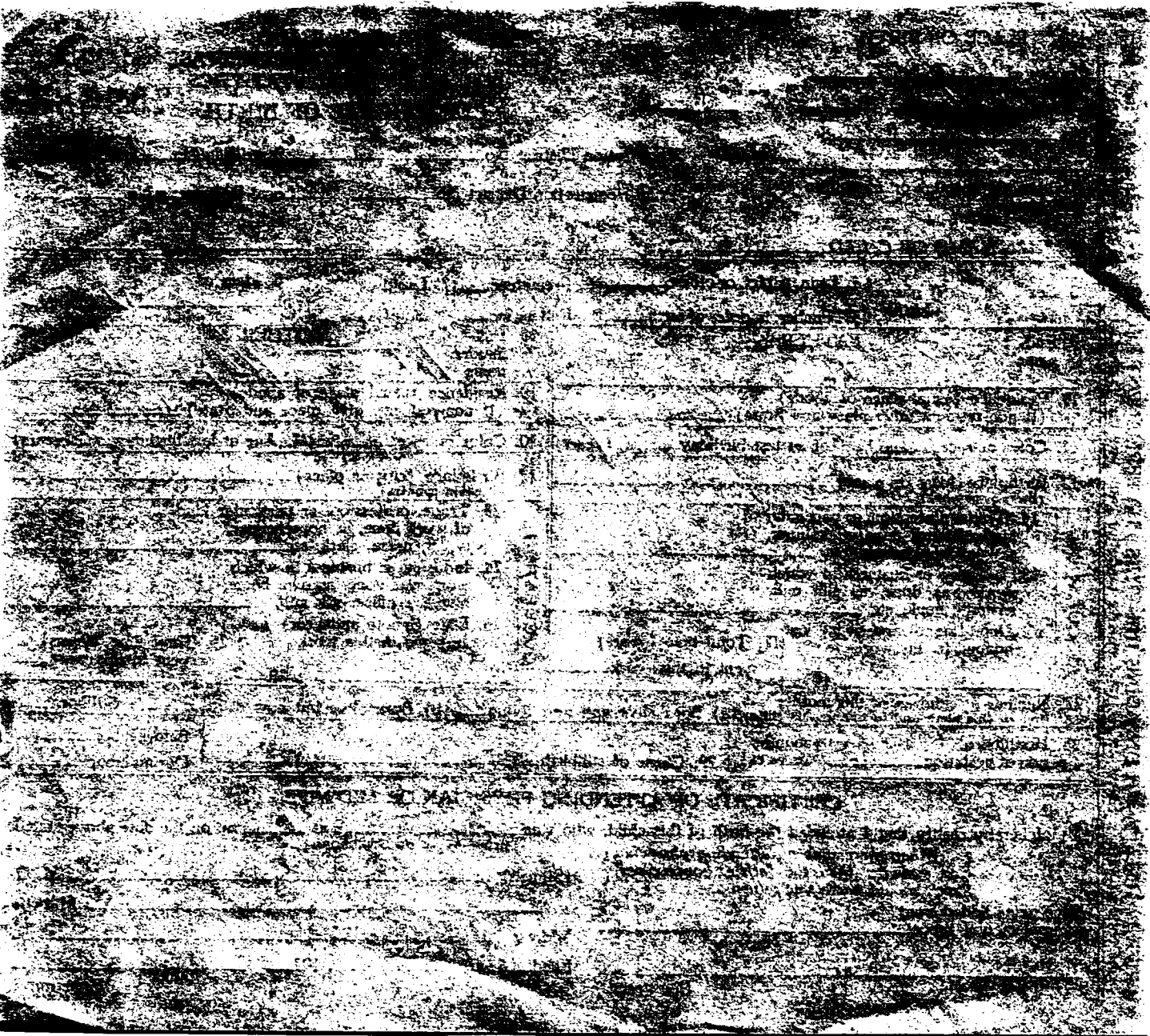
(DATE OF)

Address Replung

Filed Feb 7, 1933 Replung

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 13 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		82264	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No. ....	
County of <u>Madison</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>2</u>	
City of <u>Pelham</u>		Primary Registration District No. <u>2178</u>			
(No. ....)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Etter Born Miyasaki</u>					
(a) Residence. No. .... St. ....					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Japanese</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced					
HUSBAND of <u>son of Kitaro Miyasaki</u>					
(or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years		Months	
		Days		If LESS than 1 day, .... hrs. or min.	
<u>Etter Born</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Pelham, Idaho</u>					
(State or country)					
13. NAME <u>Kitaro Miyasaki</u>					
14. BIRTHPLACE (city or town) <u>Japan</u>					
(State or country)					
15. MAIDEN NAME <u>Mitsuy Watanabe</u>					
16. BIRTHPLACE (city or town) <u>Japan</u>					
(State or country)					
17. INFORMANT <u>Kitaro Miyasaki</u>					
(Address) <u>Pelham, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Pelham</u> Date <u>Jan. 17, 1933</u>					
19. UNDERTAKER <u>W. E. Carroll</u>					
(Address) <u>Pelham, Idaho</u>					
20. FILED ..... 1933					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1933					
22. I HEREBY CERTIFY, That I attended deceased from .....					
....., 1933, to <u>Jan. 16</u> , 1933					
I last saw him alive on ....., 1933. Death is said to have occurred on the date stated above, at <u>unknown</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
<u>Had been dead about</u>					
<u>two months</u>					
<u>(cause unknown)</u>					
Other contributory causes of importance:					
Name of operation .....					
Date of .....					
What test confirmed diagnosis? .....					
Was there an autopsy? .....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? .....					
Date of injury ....., 1933					
Where did injury occur? .....					
(Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury .....					
Nature of injury .....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify .....					
(Signed) <u>W. E. Carroll</u> , M. D.					
(Address) <u>Pelham, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1928*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of birth stated.

PLACE **RECEIVED** **ES 45 1933** STATE OF IDAHO  
County of minidoka DEPARTMENT OF PUBLIC WELFARE  
City of Rupert BUREAU OF VITAL STATISTICS  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Registration District No. 19 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2015 Local Registrar's No. 10  
FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other?	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>1</u> <u>17</u> <u>1933</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Russell Plank</u>	FULL MAIDEN NAME <u>Stella Allen</u>		
Residence (Usual place of abode) <u>Rupert</u>	Residence (Usual place of abode) <u>Rupert</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Wellington Kane</u> (City and State or County)	Birthplace <u>Emmett Ida</u> (City and State or County)		
Occupation <u>Druggist</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6:30 A M.  
on the date above stated.

(Signature) J.B. Kenagy

(Physician or midwife)

Address \_\_\_\_\_

Filed 2-2 1933 E.H. Egan

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(1) Name of the person or institution  
 (2) Registered District No.  
 (3) Registered District No.

[illegible]

7. Number of copies of this report, including process bill: \_\_\_\_\_ (a) \_\_\_\_\_  
 8. Name, title and organization: \_\_\_\_\_  
 9. Date: \_\_\_\_\_  
 10. Signature: \_\_\_\_\_  
 11. Title: \_\_\_\_\_  
 12. Date: \_\_\_\_\_  
 13. Signature: \_\_\_\_\_  
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[illegible][illegible]

I hereby certify that I received the birth of this child, who was born alive

(Signature)

18-00000

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933 PLACE OF DEATH AUG 11 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <b>85716</b>	
County of <u>Minidoka</u>		City of <u>Rupert</u>	
<b>CERTIFICATE OF DEATH</b>		Registration District No. <u>19</u> Primary Registration District No. <u>2015</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>19</u>	
2. FULL NAME <u>John Russell Plank</u>			
(a) Residence No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Still Born</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	<u>0</u>	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
13. NAME <u>Russell Plank</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>			
15. MAIDEN NAME <u>Stella Allen</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rupert Cem.</u> Date <u>Jan 18 1933</u>			
19. UNDERTAKER (Address) <u>Rupert Idaho</u>			
20. FILED <u>Aug 4 1933</u> <u>W. B. Plank</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Jan 17 1933</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.			
I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:			
<u>Still Born</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. B. Plank</u> , M. D. (Address) <u>Rupert Idaho</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF RECEIVED 33 1933 STATE OF IDAHO  
County of Lincoln  
City of Lincoln  
No. 652 2nd and W. E. St.  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 209701  
Registration District No. 37 State File No. \_\_\_\_\_  
Prim. Registration District No. 10.85 Local Registrar's No. 24  
Stillbirth  
FULL NAME OF CHILD \_\_\_\_\_  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Jan 31</u> 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
Number of child of this mother, including present birth \_\_\_\_\_ (a) Born alive and now living 0  
Born alive but now dead \_\_\_\_\_ Stillborn One

FATHER FULL NAME <u>Horton D. Haight</u> Residence (Usual place of abode) <u>Lincoln Falls, R. 3</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Coyote, W. Va.</u> (City and State or County) Occupation <u>farmer</u>	MOTHER FULL MAIDEN NAME <u>Everna Por</u> Residence (Usual place of abode) <u>Lincoln Falls R 3</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>19</u> (Years) Birthplace <u>Darby, Montana</u> (City and State or County) Occupation _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12 midnight on the date above stated. M.

(Signature) Geo. J. Jaudich M.D.  
Physician  
(Physician or midwife)

Address Lincoln Falls Idaho  
Filed Feb 4 1933 Geo C. Haeber  
Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

COUNTY OF ...  
 STATE OF ...  
 I, the undersigned, Clerk of the County of ... do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the County of ...  
 Witness my hand and the seal of said County at the City of ... this ... day of ... 19...

DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 STATE OF NEW YORK

Registration District No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Race \_\_\_\_\_  
 Color \_\_\_\_\_  
 Height \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Hair \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Birthplace \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Name of Attending Physician \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Kind \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 9 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82346

County of Oneida  
City of Oneida

Registration District No. 37  
Primary Registration District No. 2081

Local Registrar's No. 19

(No. 1 Woods Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Haight

(a) Residence. No. St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, married, widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 31/33

7. AGE Years 1 Months 0 Days 0 1/2 LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

13. NAME H. W. Haight

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Ervena Rae

16. BIRTHPLACE (city or town) (State or country) Montana

17. INFORMANT (Address) H. W. Haight

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Date Feb 2, 1933

19. UNDERTAKER (Address) George C. Dalling

20. FILED 2/4, 1933 George C. Dalling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933, to Jan 31, 1933

I last saw him alive on Jan 31, 1933; death is said to have occurred on the date stated above, at 12 P. M.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation Stillborn Date of Jan 31, 1933

What test confirmed diagnosis? Stillborn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Stillborn Date of injury Jan 31, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stillborn

Nature of injury Stillborn

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. W. Clouche, M. D.

(Address) Oneida, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

---

*Chronic interstitial nephritis*

---

*Cerebral hemorrhage*

**Other CONTRIBUTORY CAUSES of importance:**

### Gallstones

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other CONTRIBUTORY CAUSES of importance:**

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Ada  
City of Boss  
No. OK Bull 15 -St.

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD

Registration District No. 2 State File No. SPrim. Registration District No. 1004 Local Registrar's No. 74

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of birth <u>Feb 12</u> <u>1933</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth... 2 (a) Born alive and now living... 2Born alive but now dead... One Stillborn... One

FULL NAME <u>L. W. FATHER</u>	FULL MAIDEN NAME <u>Laura Ella Brunstrom</u>
<u>Bull 15</u>	

Residence (Usual place of abode) 1429 No 5<sup>th</sup> St

If non-resident, give place and State

Color or race White Age at last Birthday 33 (Years)Birthplace Springfield, Ohio (City and State or County)Occupation Black man

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 5145-P M.  
on the date above stated.

(Signature) J. M. Taylor

(Physician or midwife)

Address W. H. RhodesFiled 2-19-33 W. H. Rhodes

Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

2

INVESTIGATION OF THE DEATH OF

(a) Born alive and died

William  
Edward  
Latham  
Latham

William

Occupation

ATTENDING PHYSICIAN OF

of this child, who was

(Signed)

There was no attending physician  
at the time of death  
The child was born  
The child was born  
The child was born

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		<b>CERTIFICATE OF DEATH</b>		State File No. <u>82403</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>52</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Luke's Hospital.</u> )			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Leo Ward Bathrick Jr.</u>					
(a) Residence. No. <u>Boise, Idaho.</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single.</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 12-1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Boise, Idaho.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Leo W. Bathrick.</u>				
	14. BIRTHPLACE (city or town) <u>Springfield, Ill.</u> (State or country)				
	15. MAIDEN NAME <u>Lura Armstrong.</u>				
	16. BIRTHPLACE (city or town) <u>Perry, Ohio.</u> (State or country)				
17. INFORMANT <u>Leo W. Bathrick.</u> (Address) <u>Boise, Idaho.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>County Cemetery</u> Date <u>2/14/33</u> 1933					
19. UNDERTAKER <u>Wm. McBratney.</u> (Address) <u>Boise, Idaho.</u>					
20. FILED <u>2 14</u> , 1933 <u>W. H. Rhodes</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2/12/33</u> 1933					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 12</u> , 1933, to <u>Feb 12</u> , 1933.					
I last saw him alive on <u>Feb 12</u> , 1933; death is said to have occurred on the date stated above, at <u>6:00 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
<u>Mother had hydrocephalus and apparently partial premature separation of placenta</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1933					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>C. M. Taylor</u> , M. D.					
(Address) <u>Boise, Idaho.</u>					

206

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—in case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of RECEIVED JAN 10 1933  
City of St. Maries, Ida.  
No. 32 St. 32

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 209901

Registration District No. 32 State File No. 32  
(If born in hospital or institution give name.) Prim. Registration District No. 2049 Local Registrar's No. 13

FULL NAME OF CHILD

Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u> and <u>1</u> Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of birth <u>Feb 25</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 1  
Born alive but now dead. 0 Stillborn 1

FULL NAME <u>Paul J. Diefner</u> FATHER Residence (Usual place of abode) <u>St. Maries, Ida.</u> It non-resident, give place and State Color or race <u>White</u> Age at last Birthday <u>36</u> (Years) Birthplace <u>Chehalis, Washington</u> (City and State or County) Occupation <u>Pharmacist</u>	FULL MAIDEN NAME <u>Marie K. Shepherd</u> MOTHER Residence (Usual place of abode) <u>St. Maries, Ida.</u> It non-resident, give place and State Color or race <u>White</u> Age at last Birthday <u>36</u> (Years) Birthplace <u>Harford, Iowa</u> (City and State or County) Occupation <u>Housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 12:57 A. M.  
on the date above stated.

(Signature) William Robins, M.D.

(Physician or midwife)

Address St. Maries, Ida.

Filed 3/8 1933 W. B. B. B.

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CHIEF OF BUREAU OF VITAL STATISTICS  
 DEPARTMENT OF PUBLIC HEALTH  
 STATE OF MASSACHUSETTS  
 BOSTON, MASSACHUSETTS  
 1911

STATE OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS  
 DEPARTMENT OF PUBLIC HEALTH  
 STATE OF MASSACHUSETTS

CERTIFICATE OF BIRTH

State File No.

Registration File No.

(If born in hospital or institution  
 Give the No.)

FULL NAME OF CHILD

Date of Birth

Time of Birth

Place of Birth

Sex of Child

Weight of Child

Length of Child

Color of Child

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother including present birth

How alive and how dead

Birth

Death

Stillborn

Place of birth (If in hospital, give the name)

How long was the child in the hospital?

Color of child (If in hospital, give the name)

Place of birth (If in hospital, give the name)

How long was the child in the hospital?

Color of child (If in hospital, give the name)

How long

I hereby certify that I recorded the birth of this child, who was

of the sex above stated.

Where there was no still birth, the child  
 was stillborn, then the father, born on the  
 etc. should make this a stillborn  
 child is one that neither breathes nor  
 shows other evidence of life after birth

Address

(If in hospital, give the name)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82460

PLACE OF DEATH

County of BenedictCity of St. Marie, IdahoRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)  
St. Marie Hospital

2. FULL NAME Stillbirth

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Stillbirth

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Stillbirth

6. DATE OF BIRTH (month, day and year) 2-26-33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stage of gestation 7 1/2 months

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industrial business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) St. Marie, Idaho  
(State or country)10. NAME OF FATHER Paul Siefner11. BIRTHPLACE OF FATHER (city or town) Chehalis, Wa  
(State or Country)12. MAIDEN NAME OF MOTHER Marion K. Shepherd13. BIRTHPLACE OF MOTHER (city or town) Hartford, Iowa  
(State or Country)14. Informant Paul Siefner  
(Address) St. Marie, Idaho15. Filed 3-8-33 W. Roberg  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 26 33  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

2-26, 1933, to 2-26, 1933  
that I last saw him alive on 2-26, 1933

and that death occurred, on the date stated above, at 12:52 a m.

The CAUSE OF DEATH\* was as follows:

Pre-eclamptic toxemia of mother

(duration) \_\_\_\_\_ yrs. 1 mos. \_\_\_\_\_ ds.CONTRIBUTORY  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? NoWhat test confirmed diagnosis? Obit. cal(Signed) Caro M. D.2-26, 1933 (Address) St. Marie, Idaho

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

414-116 009-385

1. PLACE OF BIRTH RECEIVED MAR 7 1933

County of Banner  
City of Sandpoint

No. Page St. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 209941  
CERTIFICATE OF BIRTH S

Registration District No. 76 State File No. \_\_\_\_\_

Prim. Registration District No. 2.155 Local Registrar's No. 14

2. FULL NAME OF CHILD Infant Daugharty

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Feb 16</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term? _____		

9. Full name <u>Berk Daugharty</u>	FATHER	18. Full maiden name <u>Irene Lynde</u>	MOTHER
---------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkfork</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkfork</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>32</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or country) <u>Clarkfork Idaho</u>	22. Birthplace (city or place) (State or country) <u>South Dakota</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foodman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Crown Business</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Working Nov. 19</u>		25. Date (month and year) last engaged in this work <u>Feb 14</u> , 193 <u>3</u>
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>10</u>	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation <u>9 mo.</u> { months or weeks	29. Cause of stillbirth <u>Instrumental delivery</u> Before labor _____ During labor <u>Yes</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:25 p. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm F. Tyler, M. D.

Give name added from a supplemental report \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address Sandpoint, Idaho

Filed March 3, 1933 Nicola Allen Deputy Registrar

Registrar.

UNITED STATES  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

[Several lines of illegible text follow]

[Several lines of illegible text follow]

[Several lines of illegible text follow]

[Several lines of illegible text follow]

[Several lines of illegible text follow]

[Several lines of illegible text follow]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 7 1933

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82481

State File No.

County of BannerCity of SandpointRegistration District No. 76Primary Registration District No. 2155Local Registrar's No. 12(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dougherty (Still born) 206(a) Residence. No. Clarks Fork Idaho St. 

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 16, 1933

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint Idaho  
(State or country) Sandpoint

FATHER

13. NAME Mark Dougherty14. BIRTHPLACE (city or town) Sandpoint Idaho  
(State or country) Clarks Fork

MOTHER

15. MAIDEN NAME Irene Lynge16. BIRTHPLACE (city or town) South Dakota  
(State or country)17. INFORMANT Mark Dougherty  
(Address) Clarks Fork Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Clarks Fork Idaho Date 2/19, 193419. UNDERTAKER Mark Dougherty  
(Address) Clarks Fork Idaho20. FILED Feb. 27, 1933 Viola Allers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 16 193322. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 16, 1933.I last saw alive on July 16, 1933; death is saidto have occurred on the date stated above, at 120 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset July 16, 1933Sufficient labor  
Instrumental delivery  
Eclampsia of mother

Other contributory causes of importance:

Name of operation no Date of What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no Dr. F. Taylor(Signed) Dr. F. Taylor, M. D.(Address) Sandpoint, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

699 207 009 892  
**RECEIVED** MAR 7 1933  
 1. PLACE OF BIRTH  
 County of Butte  
 City of Butte  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

**S**

**CERTIFICATE OF BIRTH 209944**

(If born in hospital or institution give name.)

Registration District No. 76 State File No. \_\_\_\_\_  
 Prim. Registration District No. 2155 Local Registrar's No. 11

2. FULL NAME OF CHILD Infant Orr

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 7</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
-------------------------	----------------------------------	------------------------------------	-------------------------	---------------------------	---

9. Full name FATHER John Orr  
 10. Residence (usual place of abode) (If non-resident, give place and State) Butte  
 11. Butte 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or country) Illinois  
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber camp  
 16. Date (month and year) last engaged in this work Jan. 1, 1930  
 17. Total time (years) spent in this work 7

18. Full maiden name MOTHER Grace Hubbard  
 19. Residence (usual place of abode) (If non-resident, give place and state) Butte  
 20. Butte 21. Age at last birthday 36 (years)  
 22. Birthplace (city or place) (State or country) Illinois  
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
 25. Date (month and year) last engaged in this work Feb. 7, 1933  
 26. Total time (years) spent in this work 7

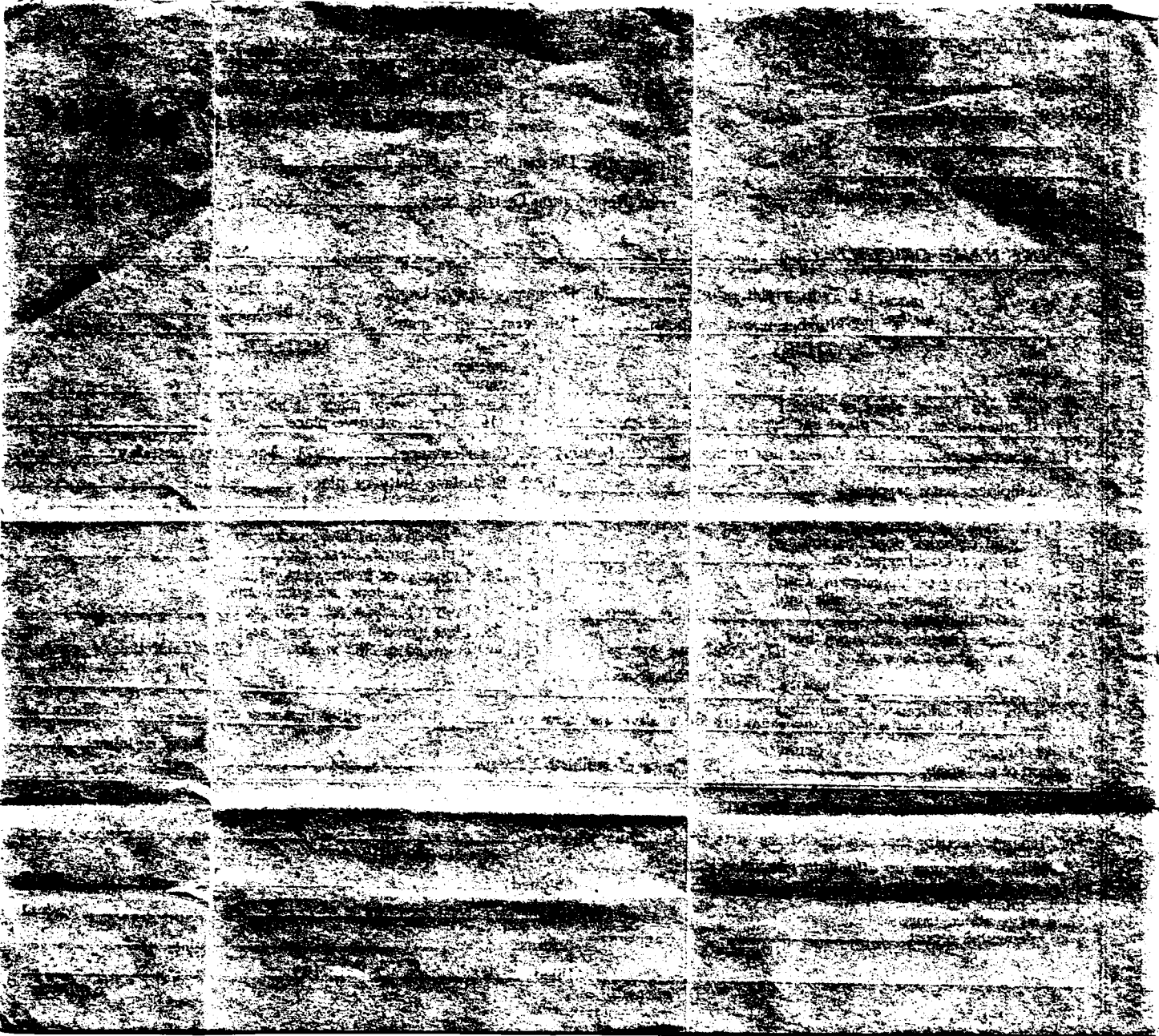
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation 7 1/2 months or weeks 29. Cause of stillbirth Pneumonia, mother Before labor ☒ During labor ☐

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 7 A. m. on the date above stated.  
 (BORN ALIVE OR STILLBORN)  
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 Give name added from a supplemental report \_\_\_\_\_  
 (DATE OF) \_\_\_\_\_  
 (Signed) Wm. L. Tyler M. D.  
 or \_\_\_\_\_ Midwife  
 Address Sandpoint, Ida.  
 Filed March 3, 1933 Viola Olles Deputy Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

City of

No.

St.

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of  
Child

Twin  
Triplet  
or other?

and { Number  
in order  
of birth

Legiti-  
mate?

Date of  
birth

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth

(a) Born alive and now living

Born alive but now dead

Stillborn

FULL  
NAME

FATHER

FULL  
MAIDEN  
NAME

MOTHER

Residence (Usual place of abode)

Residence (Usual place of abode)

If non-resident, give place and State

If non-resident, give place and State

Color or race

Age at last Birthday

(Years)

Color or race

Age at last Birthday

(Years)

Birthplace

(City and State or County)

Birthplace

(City and State or County)

Occupation

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive } at 3:03 P. M.  
on the date above stated.

(Signature)

(Physician or midwife)

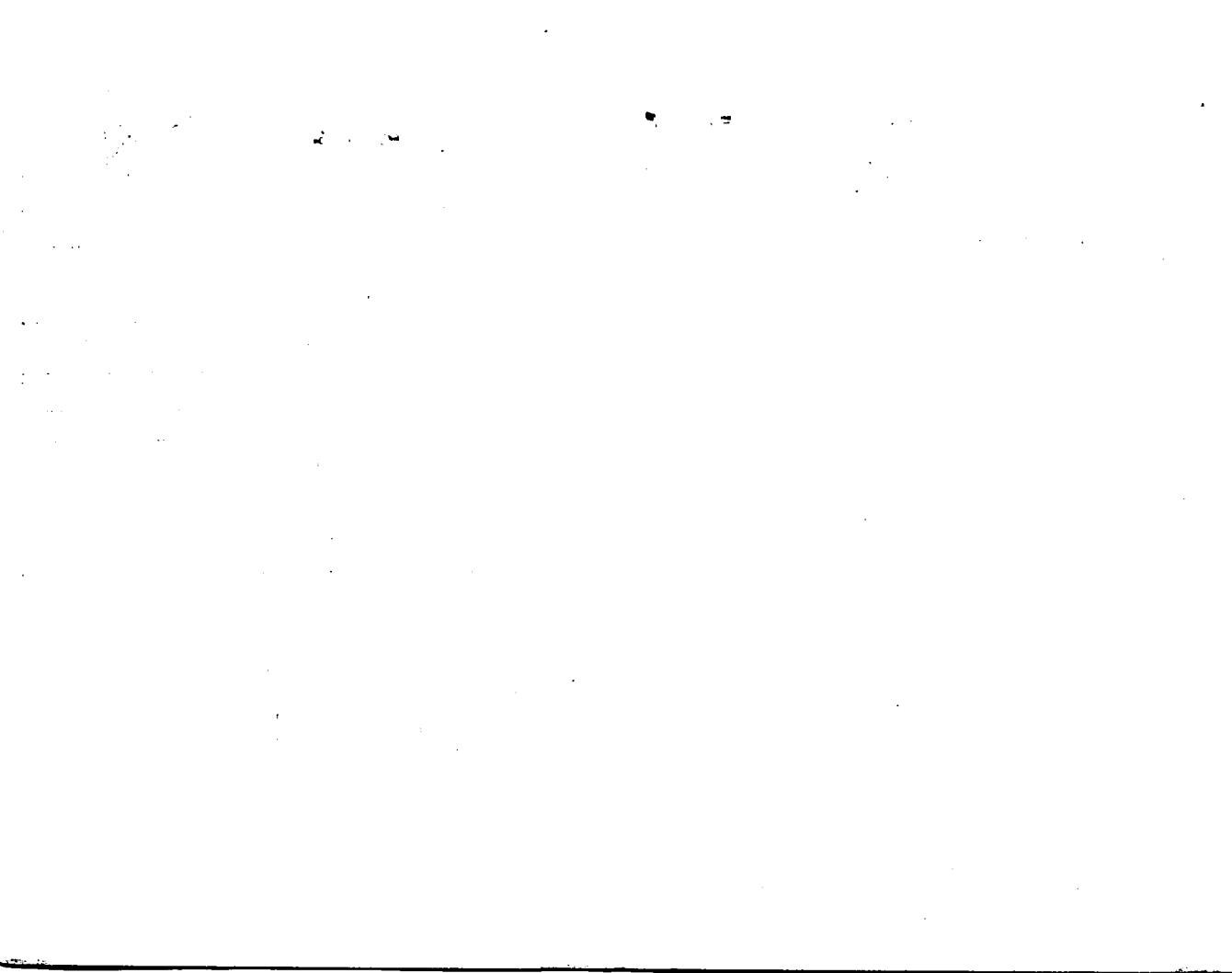
Address

Filed

19 33

Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82492

State File No. ....

County of BennvilleCity of Idaho FallsRegistration District No. 73Primary Registration District No. 21-1-0Local Registrar's No. 34

(No. ....)  
(If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Still birth

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 15-1923

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
PlaceDate 7/17, 193319. UNDERTAKER  
(Address)20. FILED 2/16, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Feb 16, 1933, to Feb 16, 1933I last saw him alive on Feb 16, 1933; death is said  
to have occurred on the date stated above, at 7 m.The principal cause of death and related causes of importance  
were as follows:

Date of onset

Pneumonia Influenza  
Mother Dec 28

Other contributory causes of importance:

Thrombosis of Placental  
VesselsName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.(Address) Idaho Falls, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Mother suffered Influenza & Asthma in Dec 28 to Jan 10 - Child died 2 days before birth.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Boise  
City of Idaho Falls  
No. \_\_\_\_\_ St. \_\_\_\_\_  
L.P. Hospital  
(If born in hospital or institution give name.)  
Registration District No. 73 State File No. \_\_\_\_\_  
Prim. Registration District No. 2110 Local Registrar's No. 4-7  
FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or other? ☒ and ☒ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of birth 2-14 1933  
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 9 (a) Born alive and now living 8

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME Rudolph Arnold Butkoff MOTHER FULL MAIDEN NAME Louella Link

Residence (Usual place of abode) Route 5 Idaho Falls Residence (Usual place of abode) Route 5 Idaho Falls

If non-resident, give place and State \_\_\_\_\_ If non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 38 Color or race white Age at last Birthday 36  
(Years) (Years)

Birthplace Leavenworth Idaho Birthplace Salt Lake City Utah  
(City and State or County) (City and State or County)

Occupation Farmer Occupation Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive ☒ Stillborn ☐ at 6<sup>15</sup> P. M. on the date above stated.

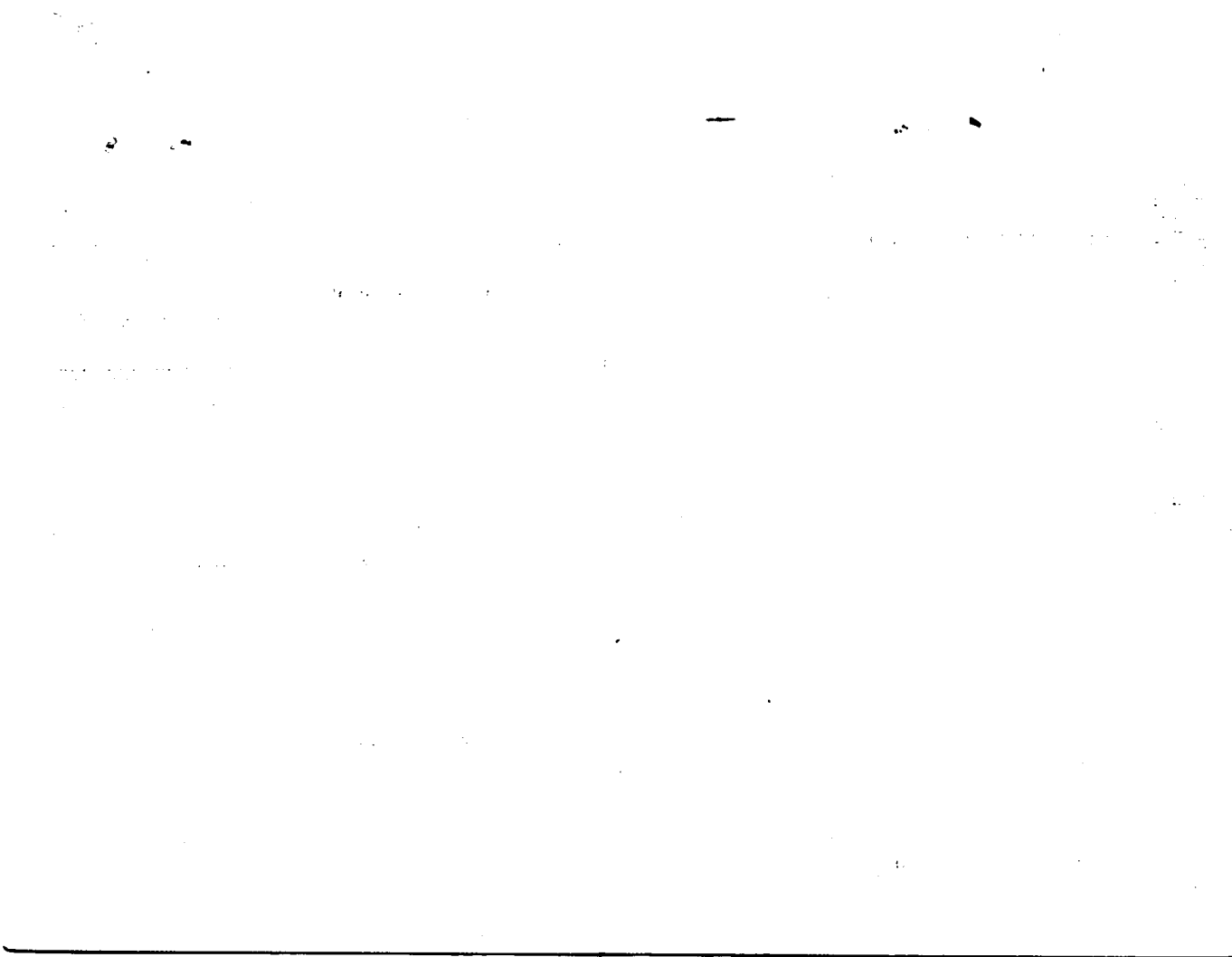
(Signature) \_\_\_\_\_

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address \_\_\_\_\_

Filed Feb 16 1933 \_\_\_\_\_

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82493

State File No.

County of BenewahCity of Idaho Falls, Id.Registration District No. 73Primary Registration District No. 2, 1, 0Local Registrar's No. 347

(No. L. D. S. Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced —

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 14, 1923

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls, Id.

13. NAME Rudolph C. Butcher

14. BIRTHPLACE (city or town) (State or country) Idaho Falls

15. MAIDEN NAME Lucille C. Link

16. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

17. INFORMANT (Address) Rudolph Butcher

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date 2/16, 1933

19. UNDERTAKER (Address) Idaho Falls

20. FILED Feb 16, 1933 W. J. [Signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1932, to 2/14, 1933.

I last saw him alive on Jan 15, 1933; death is said to have occurred on the date stated above, at — m. The principal cause of death and related causes of importance were as follows:

Influenza of Maternal Jan 15  
Puerperal

Other contributory causes of importance:

Premature Birth  
2 Month

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. J. [Signature], M. D.(Address) Idaho Falls

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Child died in utero about two weeks ago - following an attack of influenza of mother.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAR 8 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

County of Banner  
City of Idaho Falls Idaho  
No. Memorial District

CERTIFICATE OF BIRTH 209981

Registration District No. 13 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) L.D.S. Hospital Prim. Registration District No. 214-D Local Registrar's No. 1-7

FULL NAME OF CHILD Still birth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>Feb 18</u> , 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Carl William Barrow</u>	FULL MAIDEN NAME <u>Wilba Woolf Wald</u>		
Residence (Usual place of abode) <u>219 Lava Street Idaho Falls</u>	Residence (Usual place of abode) <u>219 Lava Street Idaho Falls Idaho</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>white</u> Age at last birthday <u>22</u> (Years)	Color or race <u>white</u> Age at last birthday <u>20</u> (Years)		
Birthplace <u>Bedford Wyoming</u> (City and State or County)	Birthplace <u>Lewiston Utah</u> (City and State or County)		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

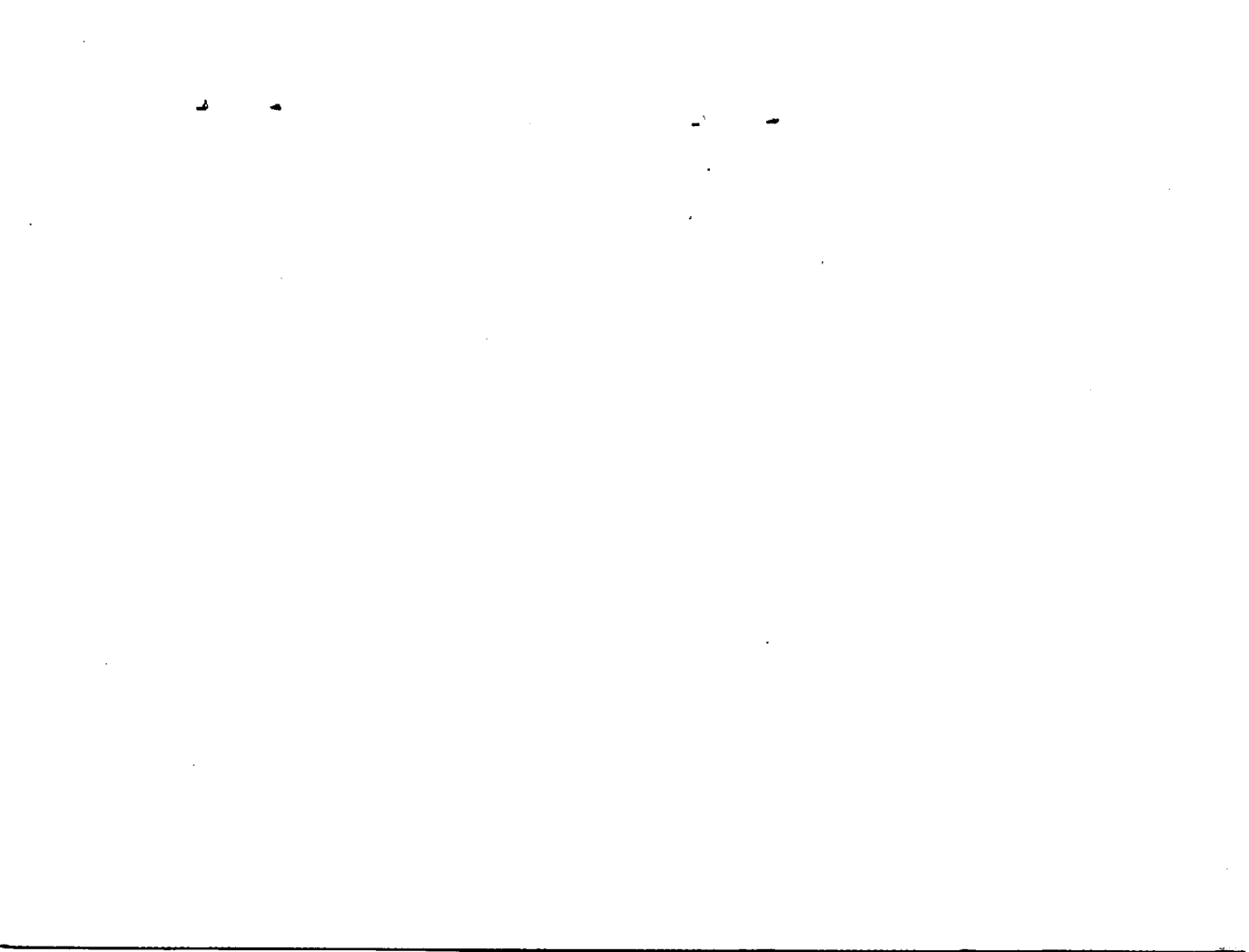
I hereby certify that I attended the birth of this child, who was Stillborn negative at 3:00 P. M.  
on the date above stated.

(Signature) John O. Mellar

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Physician or midwife)  
Address Idaho Falls Idaho

Filed 24.1.1 1933 perfunctory Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 3 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82494

County of Berninville  
City of Idaho FallsRegistration District No. 73Primary Registration District No. 2-1-1-2Local Registrar's No. 36(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillborn(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb. 18-19337. AGE Years Months Days  
If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. —9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. —10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Idaho Falls Idaho  
(State or country)13. NAME Carl William Bernauer14. BIRTHPLACE (city or town) Bedford Wyoming  
(State or country)15. MAIDEN NAME Wilba Wolfwald16. BIRTHPLACE (city or town) Lewiston Idaho  
(State or country)17. INFORMANT Carl H. Bernauer  
(Address) Idaho Falls Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Idaho Falls Idaho Date Feb. 19, 193319. UNDERTAKER name  
(Address)20. FILED 2/14, 1933 Carl H. Bernauer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 18, 193322. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933 to Feb. 18, 1933I last saw h. alive on \_\_\_\_\_, 1933; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The principal cause of death and related causes of importance  
were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Idaho Falls Idaho

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John O. McEllar M. D.(Address) Idaho Falls Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

# PLACE OF BIRTH

County of B. RECEIVED MAR 3 1934  
City of Idaho Falls  
No. L. O. Hospital St.

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S

### CERTIFICATE OF BIRTH

209984

Registration District No. 73 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim Registration District No. 247 Local Registrar's No. 41  
FULL NAME OF CHILD Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	{ and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Feb 9</u> (Month) (Day) (Year) <u>1933</u>
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#### What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0  
Born alive but now dead 0 Stillborn 1

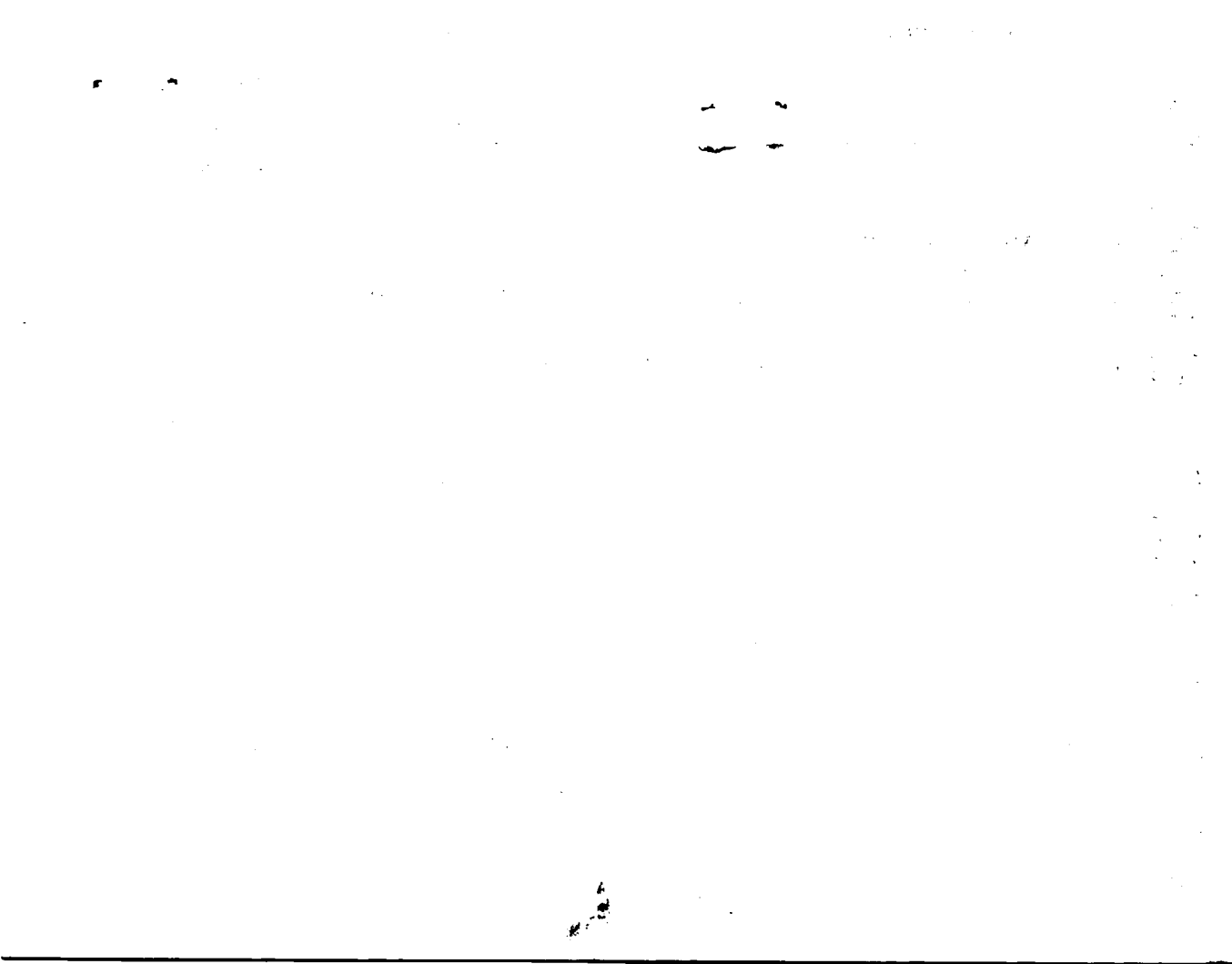
FATHER FULL NAME <u>Dupre M. Poole</u> Residence (Usual place of abode) <u>267 S Ridge, Idaho Falls, Idaho</u> It non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Greenville, South Carolina</u> Occupation _____	MOTHER FULL MAIDEN NAME <u>Cather Fasse</u> Residence (Usual place of abode) <u>267 S Ridge, Idaho Falls, Idaho</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>22</u> (Years) Birthplace <u>Butte, Montana</u> Occupation <u>Housewife</u>
--	--

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn Dead-alive at 5:30 P. M. on the date above stated.  
(Signature) [Signature]

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Idaho Falls, Idaho  
Filed Feb 10 1934 [Signature] Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED

MAR 3 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82503

State File No. ....

PLACE OF DEATH

## CERTIFICATE OF DEATH

County of BonnevilleCity of Idaho Falls, IdahoRegistration District No. 73Primary Registration District No. 2140Local Registrar's No. 27

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still born

(a) Residence No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)  
How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

8. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) 7/9/33

7. AGE

Years

Months

Days

If LESS than 1 day,  
hrs. or  
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.Still born(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

14.

Informant  
(Address)

15.

Filed 2/10, 1933

Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

1933  
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Premature 5 1/2 mos  
StillbornCONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

....., M. D.

....., 19..... (Address) Idaho Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin);** "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon  
City of Goldfield  
No. 702 807th St.

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD

Registration District No. 3 State File No. 210000

Prim. Registration District No. 1005 Local Registrar's No. 22

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb 10 1933</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5 gr.

Number of child of this mother, including present birth. (a) Born alive and now living none

Born alive but now dead. Stillborn 1

FATHER	MOTHER
FULL NAME <u>John Ver Strate</u>	FULL MAIDEN NAME <u>Anna Mae Irish</u>
Residence (Usual place of abode) <u>118 S 10th St Caldwell</u>	Residence (Usual place of abode) <u>118 S 10th St Caldwell Ida</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>18</u> (Years)
Birthplace <u>Hudsonville Mich</u> (City and State or County)	Birthplace <u>Mayeville Idaho</u> (City and State or County)
Occupation <u>mechanic</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

Born alive

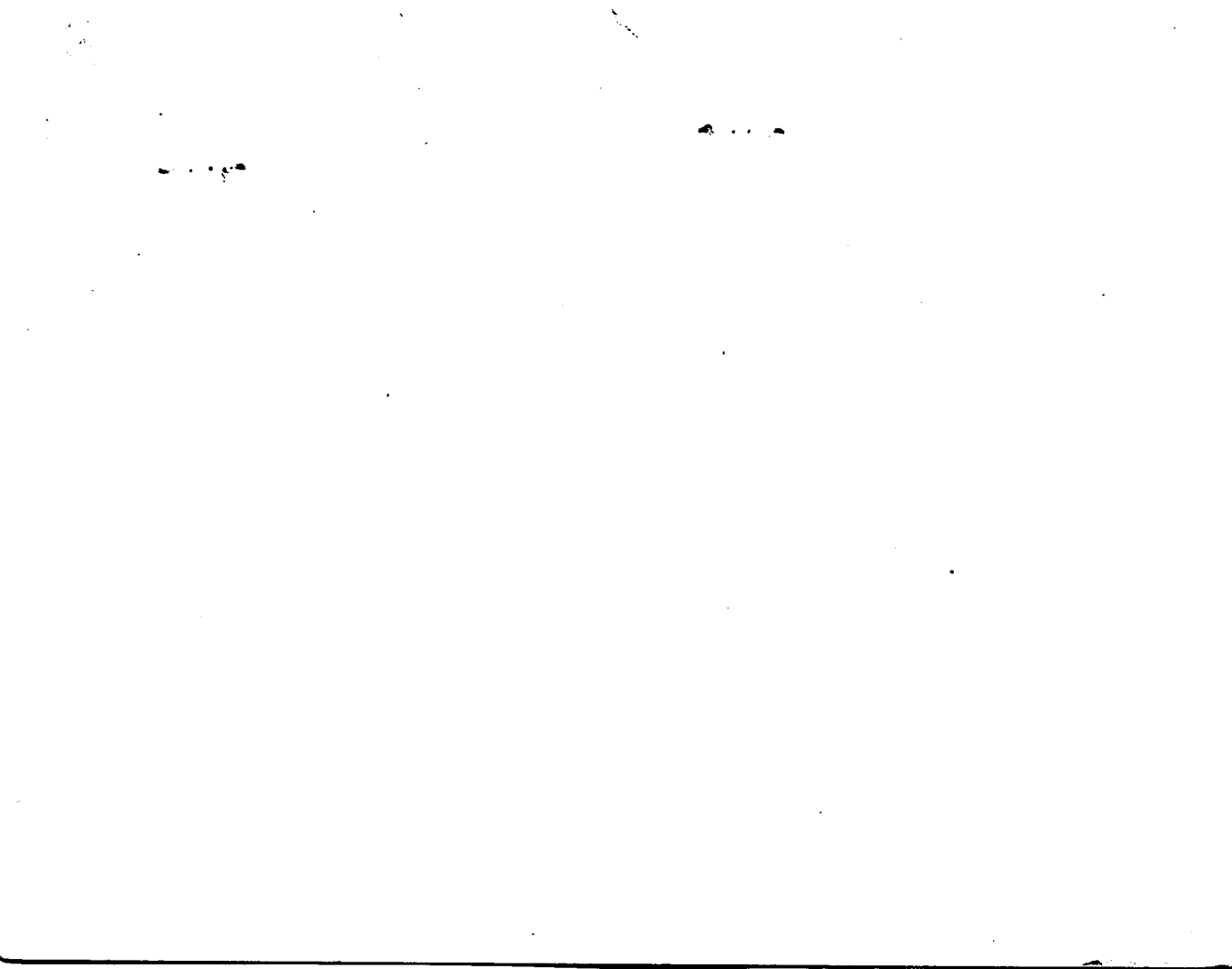
I hereby certify that I attended the birth of this child, who was Stillborn at ..... M.  
on the date above stated.

(Signature) W. Montgomery  
Caldwell Idaho  
(Physician or midwife)

Address .....

Filed 2-21 1933 John S. Meyer  
Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 15 1933

PLACE OF DEATH

County of Canyon

City of Caldwell

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 3  
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 82119

Local Registrar's No. 12

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lawrence Edward Ver Strate

(a) Residence. No. 118 So. 10th St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
2 1 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell  
(State or country) Idaho.

13. NAME John Ver Strate

14. BIRTHPLACE (city or town) Hudsonville  
(State or country) Mich.

15. MAIDEN NAME Anna Mae Irish

16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT John Ver Strate  
(Address) 118 So. 10th. Caldwell, Ida.

18. BURIAL, CREMATION, OR REMOVAL  
Place Canyon Hill Date 2-12-33 193

19. UNDERTAKER Paul L. Case  
(Address) Caldwell, Idaho.

20. FILED 2-13, 193 3 John L. Meyer  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-10-33 193

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193.

I last saw h. alive on \_\_\_\_\_, 193. : death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Father has been dead about a week

Other contributory causes of importance:  
Albuminuria of mother due to nephritis of mother with toxemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Montgomery M. D.

(Address) Caldwell, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Canyon  
City of Caldwell

No. Caldwell Sanitarium St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S  
210008

Registration District No. 3 State File No. 6

Prim. Registration District No. 2005 Local Registrar's No. 30

Stillborn

2. FULL NAME OF CHILD

3. Sex <u>Girl</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5/5/33</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Harley H. Crook</u> FATHER			18. Full maiden name <u>Hazel Edna Reed</u> MOTHER	
10. Residence (usual place of abode) <u># 2 Caldwell,</u> (If non-resident, give place and State) <u>Idaho</u>			19. Residence (usual place of abode) <u># 2 Caldwell</u> (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>W</u>			20. Color or race <u>W</u>	
12. Age at last birthday <u>40</u> (years) <u>Iowa</u>			21. Age at last birthday <u>32</u> (years) <u>Oregon</u>	
13. Birthplace (city or place) (State or country)			22. Birthplace (city or place) (State or country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead (c) Stillborn <u>1</u>				
28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth { Before labor or During labor }				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7:30 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C.M. Kaley, M. D.

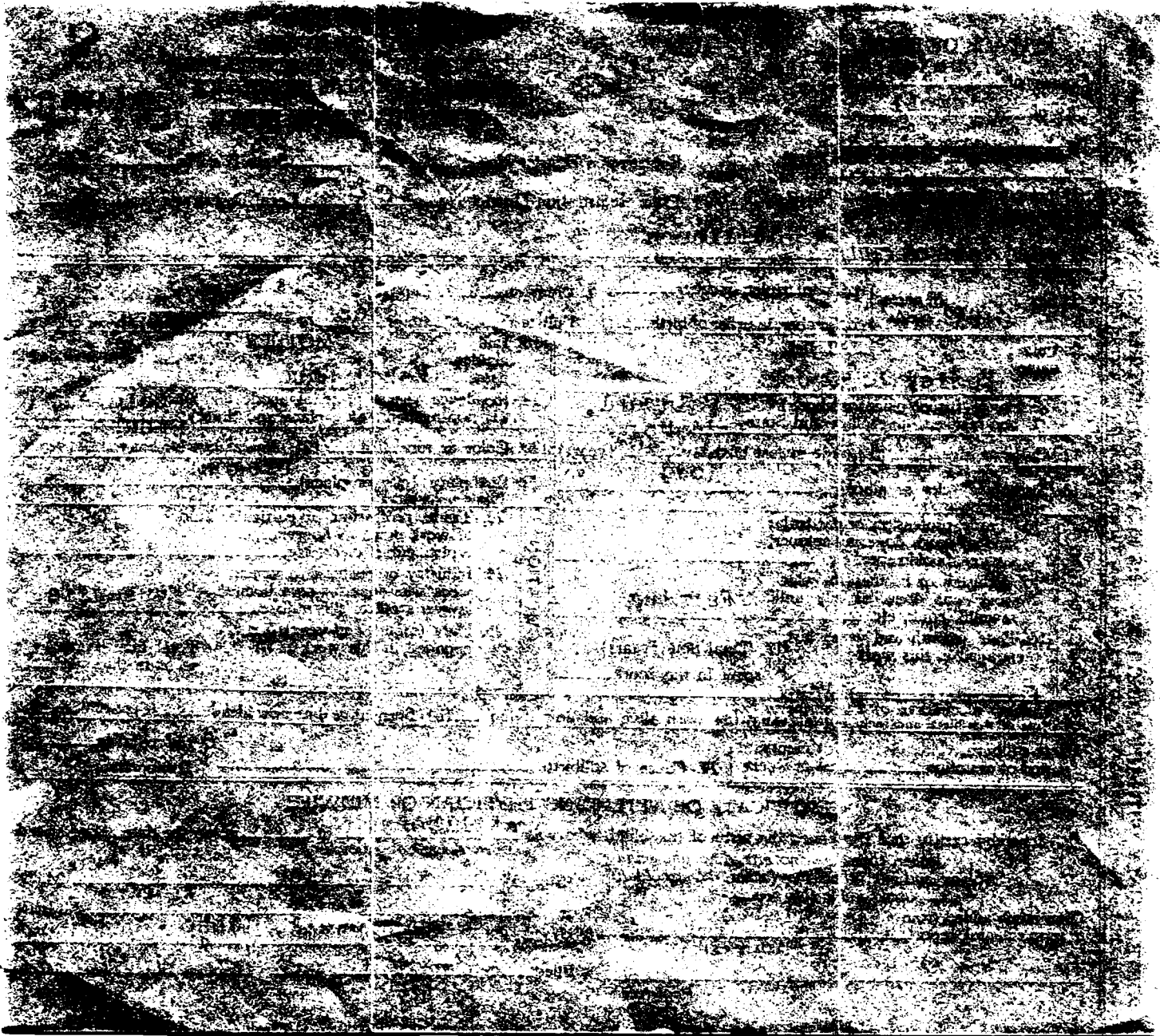
Give name added from a supplemental report

(DATE OF)

or Caldwell, Idaho, Midwife

Address 3-4, 1933 John S. Meyer

Filed 3-4, 1933 John S. Meyer Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 17 1933

PLACE OF DEATH  
County of Canyon  
City of Caldwell

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

82867

State File No. ....

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 24

(No. ....  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Crook(a) Residence. No. Caldwell R#2 Ida St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mch 3-1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
— — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Caldwell Idaho

13. NAME H. H. Crook

14. BIRTHPLACE (city or town) (State or country)

Iowa

15. MAIDEN NAME Hazel E. Reid

16. BIRTHPLACE (city or town) (State or country)

Oregon

17. INFORMANT (Address)

H. H. Crook

18. BURIAL, CREMATION, OR REMOVAL

Place Canyon Hill Date 3-4, 1933

19. UNDERTAKER (Address)

R. J. Beckham  
Caldwell Idaho

20. FILED 3-14, 1933 John S. Meyer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mch 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1933 to Mar 3, 1933

I last saw him alive on Mar 3, 1933; death is said

to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn due to premature detachment of placenta

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1933.

Where did injury occur?.....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) M. S. Meyer, M. D.

(Address) Caldwell Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO	
County of <u>Peru</u>				DEPARTMENT OF PUBLIC WELFARE	
City of <u>Wheeler</u>				BUREAU OF VITAL STATISTICS	
No. _____ St. _____				210041	
(If born in hospital or institution give name.)				CERTIFICATE OF BIRTH	
Registration District No. <u>3</u>				State File No. _____	
Prim. Registration District No. <u>2007</u>				Local Registrar's No. <u>56</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>					
3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 11</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Charles J. Hoots</u>			18. Full name MOTHER <u>Tabita Brown</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wheeler</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Wheeler</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>24</u> (years)			21. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) <u>Caloot Mo</u> (State or country)			22. Birthplace (city or place) <u>Caloot Mo</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>long</u>			26. Total time (years) spent in this work <u>2</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>6</u> months { Before labor <u>10</u> During labor <u>10</u> }					
29. Cause of stillbirth <u>unborn</u>					

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_

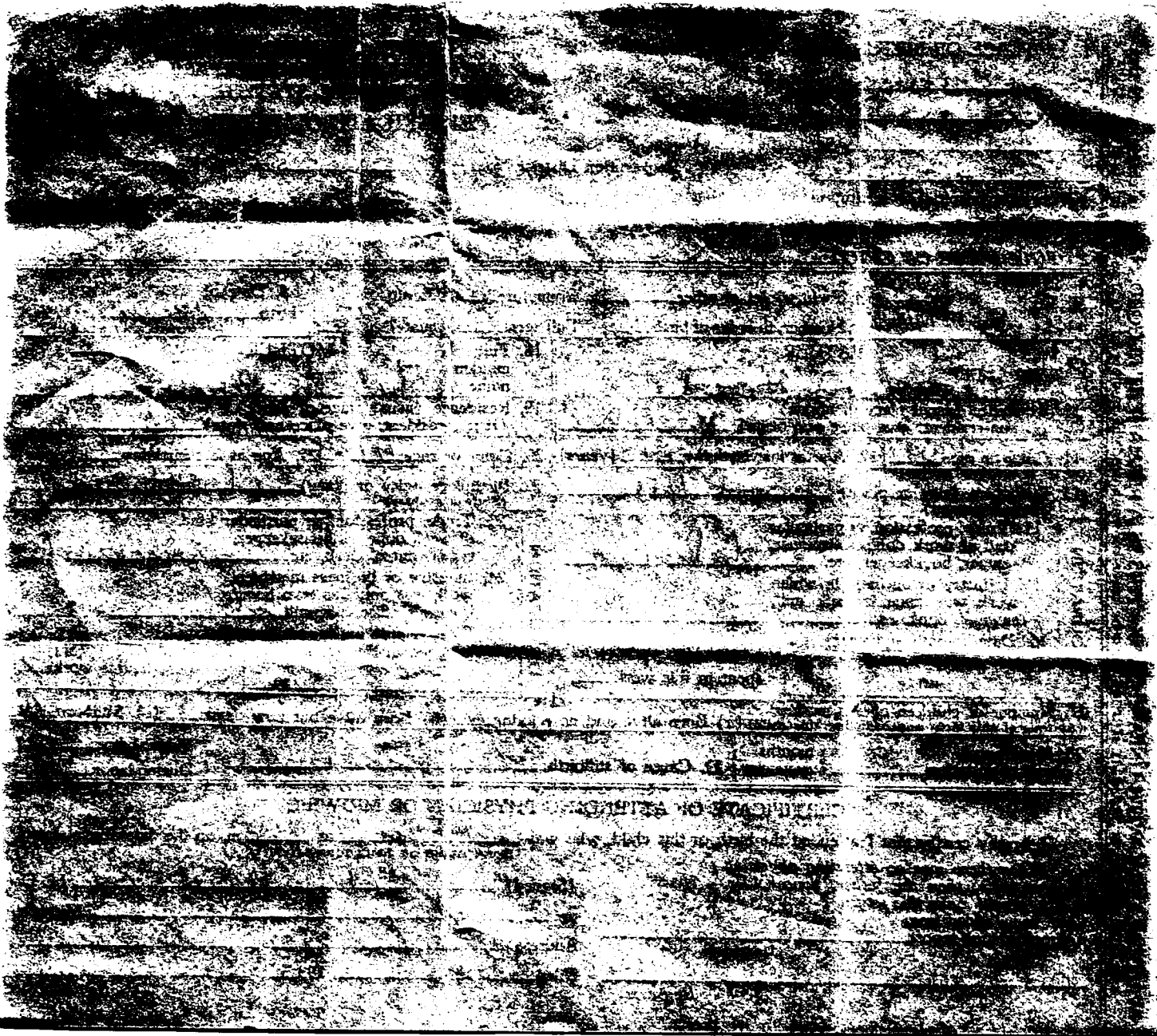
(DATE OF) \_\_\_\_\_

(Signed) Robert E. Talbot M. D.

or \_\_\_\_\_ Midwife

Address Wheeler, Idaho

Filed 3-4, 1933 Wheeler Registrar.





WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **RECEIVED** MAR 13 1933  
County of Cassia  
City of Burley  
No. 1437 Elk

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **S** 210048

Registration District No. 117 State File No. 11  
Prim. Registration District No. 2196 Local Registrar's No. 11  
S. Stillbirth  
FULL NAME OF CHILD  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>2-8</u> (Month) (Day) (Year) <u>1933</u>
-------------------------	---	---------	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 4 (a) Born alive and now living 2  
Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Truman Carson Cooper</u> Residence (Usual place of abode) <u>Burley, Ida.</u> If non-resident, give place and date _____ Color or race <u>White</u> Age at last Birthday <u>39</u> (Years) Birthplace <u>Orley, Ida.</u> (City and State or County) Occupation <u>Laborer</u>	MOTHER FULL MAIDEN NAME <u>Leta Dillon</u> Residence (Usual place of abode) <u>Burley, Ida.</u> If non-resident, give place and date _____ Color or race <u>White</u> Age at last Birthday <u>32</u> (Years) Birthplace <u>Chelso, Okla.</u> (City and State or County) Occupation <u>Teacher</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6:50 P. M. on the date above stated.

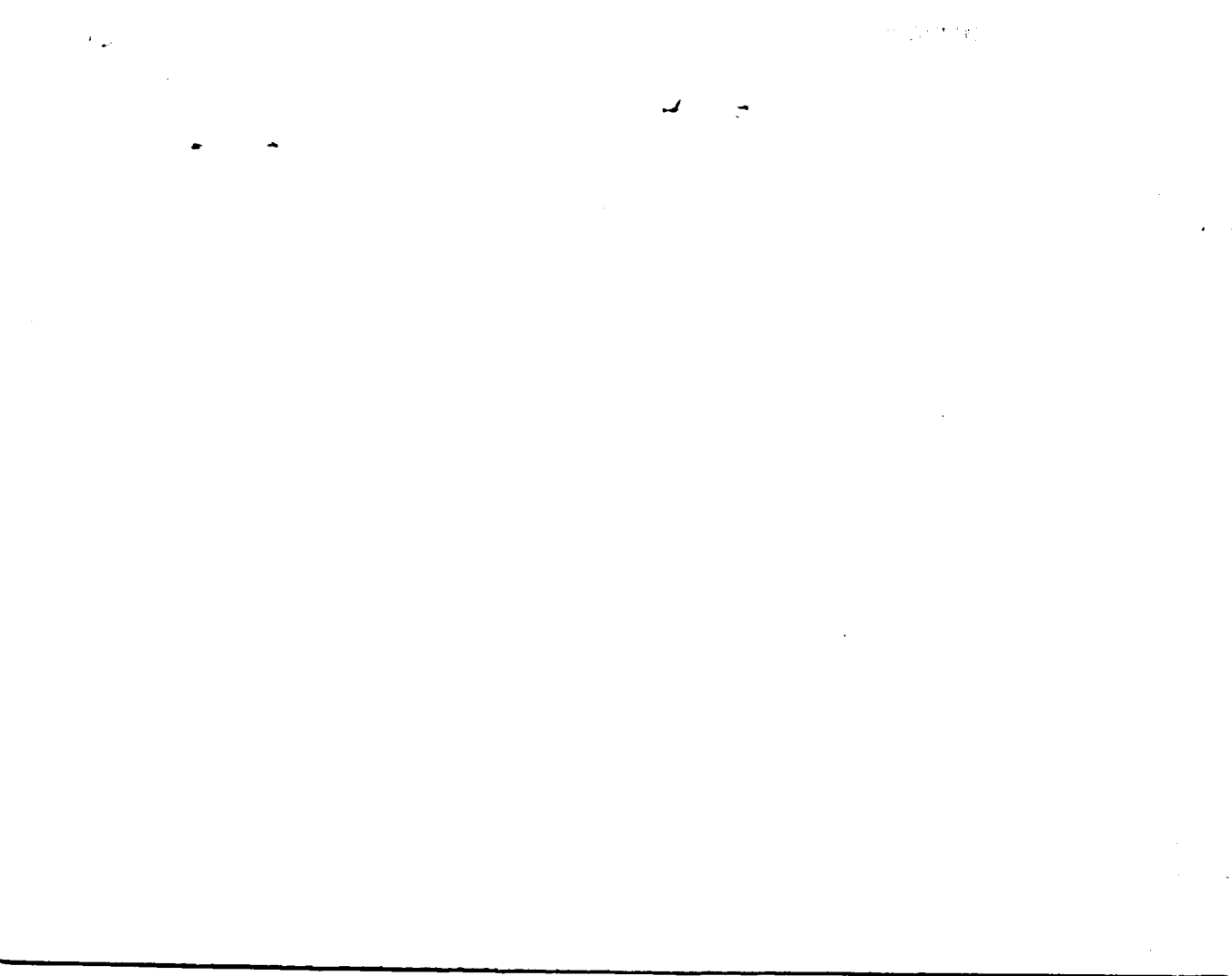
(Signature) William Frazin

(Physician or midwife)

Address Burley, Ida.

Filed Mar 9 1933 Lelia Greco Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JUN 12 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84547

State File No. ....

PLACE OF DEATH

County of Bassa

City of Burley

Registration District No. 117

Primary Registration District No. 2196

Local Registrar's No. 45

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 143 N Elba

(Usual place of abode.)

Length of residence in city or town where death occurred. 1 yrs. 1 mo. 1 ds.

St. ....

(If nonresident give city or town and State.)  
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

Infant

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,  
hrs. or

Stillborn min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Burley Idaho

10. NAME OF FATHER

Freeman C. Cooper

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Oakley Idaho

12. MAIDEN NAME OF MOTHER

Leta Dillon

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Chelsea Okla

14.

Informant (Address)

J C Cooper  
Burley, Idaho

15.

Filed

June 8, 1933

Laura G. Cooper  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Stillborn

2-8-

1933

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 2-8-33, 19.

that I last saw h. Stillborn child, 19.

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:

Stillborn macerated fetus. Most probable cause toxemia of pregnancy

(duration) yrs. mo. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mo. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Frazier, M. D.

(Address) Burley Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH **RECEIVED JAN 30 1933** STATE OF IDAHO  
County of Cassia DEPARTMENT OF PUBLIC WELFARE  
City of Burley BUREAU OF VITAL STATISTICS  
No. \_\_\_\_\_ St. \_\_\_\_\_ CERTIFICATE OF BIRTH 210054

Registration District No. 117 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 2196 Local Registrar's No. 7

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Girl</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 14, 1932</u> (MONTH, DAY, YEAR)
9. Full name <u>Lester Parsons</u>		5. Number, in order of birth		Full term	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>			11. Color or race <u>W</u>		
12. Age at last birthday <u>41</u> (years)			13. Birthplace (city or place) (State or country) <u>Iowa</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank clerk</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work			17. Total time (years) spent in this work		
18. Full maiden name <u>Francis Cook</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		
20. Color or race <u>W</u>			21. Age at last birthday <u>22</u> (years)		
22. Birthplace (city or place) (State or country) <u>Idaho</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			25. Date (month and year) last engaged in this work		
26. Total time (years) spent in this work			27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> . (b) Born alive but now dead <u>0</u> . (c) Stillborn <u>1</u>		
28. If stillborn, period of gestation _____ months or weeks			29. Cause of stillbirth <u>Intra uterine asphyxia</u>		

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 0. (b) Born alive but now dead 0. (c) Stillborn 1

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks

29. Cause of stillbirth Intra uterine asphyxia

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_

(Signed) Hugh E. Dean, M. D.  
or \_\_\_\_\_, Midwife  
Address Burley Idaho  
Filed Mar 9, 1933 Laura Hesse  
Registrar.



NAME OF CHILD  
BUT NAME OF CHILD

1. Date of Birth  
2. Sex  
3. Race  
4. Religion  
5. Occupation

6. Address  
7. School  
8. Teacher  
9. Parent

10. Date of Admission  
11. Date of Discharge  
12. Date of Death

13. Cause of Death  
14. Place of Death  
15. Date of Burial

16. Name of Physician  
17. Name of Hospital  
18. Name of Cemetery

19. Name of Coroner  
20. Name of Registrar

21. Name of Clerk  
22. Name of Assistant Clerk

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

## STATE OF IDAHO

RECEIVED JUN 16 1932  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

79350

State File No. ....

## PLACE OF DEATH

County of CassiaCity of Burley

## CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 206Local Registrar's No. 220

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Parsons

(a) Residence. No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
---------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 14-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>11</u>	<u>13</u>	<u>00</u>	<u>00</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley  
(State or country) Ida

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Quincy  
(State or Country) Iowa

12. MOTHER NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) Burley  
(State or County) Idaho14. Informant (Address) L. S. Parsons  
Burley15. Filled 1932  
Registrar. D. E. Johnson

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 14 1932  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from  
May 14 1932, to May 14 1932that I last saw him alive on ..... 19.....  
and that death occurred, on the date stated above, at ..... m.\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Santa Uterine Cerebration

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

(duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? no Date of .....Was there an autopsy? noWhat test confirmed diagnosis? Cerebral(Signed) D. E. Johnson, M. D......, 19..... (Address) Burley19. Place of Burial, Cremation, or Removal Burley Date of Burial 5-16 193220. Undertaker D. E. Johnson Address Burley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACED IN RECIPIENT MAR 9 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

210101

County of Gardiner  
City of Gardiner  
No. 24 St. 24

CERTIFICATE OF BIRTH

(If born in hospital or institution  
give name.)

Registration District No. 24 State File No. 24  
Prim. Registration District No. 24 Local Registrar's No. 83

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate <u>Yes</u>	Date of birth <u>2-8</u> (Month) (Day) (Year) <u>1933</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FULL NAME <u>Roscoe C. Bryan</u>	FATHER <u>R.F.D.</u>	FULL MAIDEN NAME <u>Bula L. Campbell</u>	MOTHER <u>R.F.D.</u>
-------------------------------------	-------------------------	--	-------------------------

Residence (Usual place of abode) Gardiner Idaho

If non-resident, give place and state Gardiner Idaho

Color or race white Age at last Birthday 25 (Years)

Birthplace Nebraska (City and State or County)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 8 A. M.  
on the date above stated.

(Signature) J. H. Crumwell M.D.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

(Physician or midwife)

Address Gardiner Idaho

Filed 2-26-1933 J. H. Crumwell

Registrar.

1. This is a true and correct copy of the original as shown to the undersigned by the person who has signed the same.  
 2. The undersigned is a duly qualified and sworn physician or nurse.  
 3. The undersigned is a duly qualified and sworn midwife.  
 4. The undersigned is a duly qualified and sworn health officer.  
 5. The undersigned is a duly qualified and sworn health officer.  
 6. The undersigned is a duly qualified and sworn health officer.  
 7. The undersigned is a duly qualified and sworn health officer.  
 8. The undersigned is a duly qualified and sworn health officer.  
 9. The undersigned is a duly qualified and sworn health officer.  
 10. The undersigned is a duly qualified and sworn health officer.

If there is no attending physician or midwife, then the father, grandfather, or another male relative, a witness, child, or one that neither physician nor midwife other evidence of the child's birth.

I hereby certify that I attended the birth of this child, who was born at \_\_\_\_\_ on the date above stated.

(Signature)

at \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Occupation

Date and State of Birth

(Years)

Color of hair \_\_\_\_\_

Color of eyes \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Number of child of this mother, including present birth \_\_\_\_\_

(a) Born alive and now living \_\_\_\_\_

What prophylactic was used to prevent Ophthalmia Neonatorum?

(To be answered only in event of death)

Sex of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9

1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## PLACE OF DEATH

County of GoodhueCity of GoodhueRegistration District No. 24Primary Registration District No. 24

DO NOT WRITE IN THIS SPACE

82561

State File No. 206Local Registrar's No. 217(If death occurred in a hospital or institution, give its name instead of street and number.)  
Goodhue Hospital2. FULL NAME Stillborn(a) Residence. No. 206 St. 206

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) 2-9-337. AGE Stillborn  
Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) (State or country) Goodhue Idaho13. NAME Roscoe C. Boyer14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Bula Campbell16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT R. C. Boyer  
(Address) Goodhue Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Funeral Home Date 2-10-, 193 319. UNDERTAKER none  
(Address)20. FILED 3-1-, 193 3 J. H. Connors  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-9 193 322. I HEREBY CERTIFY, That I attended deceased from ✓, 193, to ✓, 193I last saw h. alive on ✓, 193: death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Stillborn 2-9-33Cerebral section

Other contributory causes of importance:

Premature - 7 mo.Placenta - previaCerebral sectionName of operation Cerebral section Date of 2-9-What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 193 ✓

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. H. Connors, M. D.(Address) Goodhue Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 11 1933  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF Boole  
CITY OF Crescent  
No. 366-210028-461 St. 3  
Registration District No. 30 State File No. 11  
S<sup>2</sup>10134

CERTIFICATE OF BIRTH

(If born in hospital or institution  
give name.)

Registration District No. 30 State File No. 11

Prim. Registration District No. 1950 Local Registrar's No. 11

FULL NAME OF CHILD

Baby Cook

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of  
Child

7

Twin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

Legiti-  
mate?

Date of  
birth

1 - 10

1933

(To be answered only in event of plural births)

(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 3

Born alive but now dead 2 Stillborn 0

FULL  
NAME

FATHER

Ernest Cook

FULL  
MAIDEN  
NAME

MOTHER

Alta Rae Moak

Residence (Usual place of abode)

Crescent 9th

Residence (Usual place of abode)

Crescent 9th

If non-resident, give place and State

If non-resident, give place and State

Color or race White Age at last Birthday 28

Color or race White Age at last Birthday 25

Birthplace Webb City, Mo.

Birthplace Montesano Wash.

Occupation mill worker

Occupation Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 11 A. M.

(Signature) E. H. Teed

(Physician or midwife)

Address Crescent 9th

Filed 2-9 1933 H. J. Sturges

Registrar.

{ \*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth. }



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED FEB 11 1933 STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82223

County of FranklinCity of Coeur d'Alene

## CERTIFICATE OF DEATH

State File No. ....

Registration District No. 20Primary Registration District No. 1050Local Registrar's No. 19(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Cook(a) Residence. No. 941 St. 6th(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 1933-1-107. AGE Years Months Days If LESS than 1 day, 0 hrs. or 0 min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene  
(State or country) Idaho13. NAME Ernest Cook14. BIRTHPLACE (city or town) West City  
(State or country) Mo.15. MAIDEN NAME Alta Moak16. BIRTHPLACE (city or town) Monticarlo  
(State or country) Wash.17. INFORMANT Ernest Cook  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Forest Cem. Coeur d'Alene Date 1-12, 193319. UNDERTAKER Cassidy Funeral Home  
(Address) Coeur d'Alene Idaho20. FILED 29, 1933 H. J. Sturges  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-10, 193322. I HEREBY CERTIFY, That I attended deceased from 1-10, 1933, to 1-10, 1933I last saw her alive on 1-10, 1933: death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

No head  
Anencephalus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1933Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. H. Reed, M. D.(Address) Coeur d'Alene Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED MAR 15 1933  
County of Nez Perce  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 210251

No. St. Joseph's St.  
(If born in hospital or institution give name.)  
Registration District No. 96 State File No. \_\_\_\_\_  
Prim. Registration District No. 1009 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Female (Stillborn) Williams

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_  
8. Date of birth Feb. 1, 1933  
(MONTH, DAY, YEAR)

9. Full name Albert Williams FATHER  
18. Full maiden name Annie Andrews MOTHER

10. Residence (usual place of abode) Lapwai, Ida  
(If non-resident, give place and State)  
19. Residence (usual place of abode) Lapwai, Ida  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 39 (years)  
20. Color or race White 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Idaho  
(State or country)  
22. Birthplace (city or place) Idaho  
(State or country)

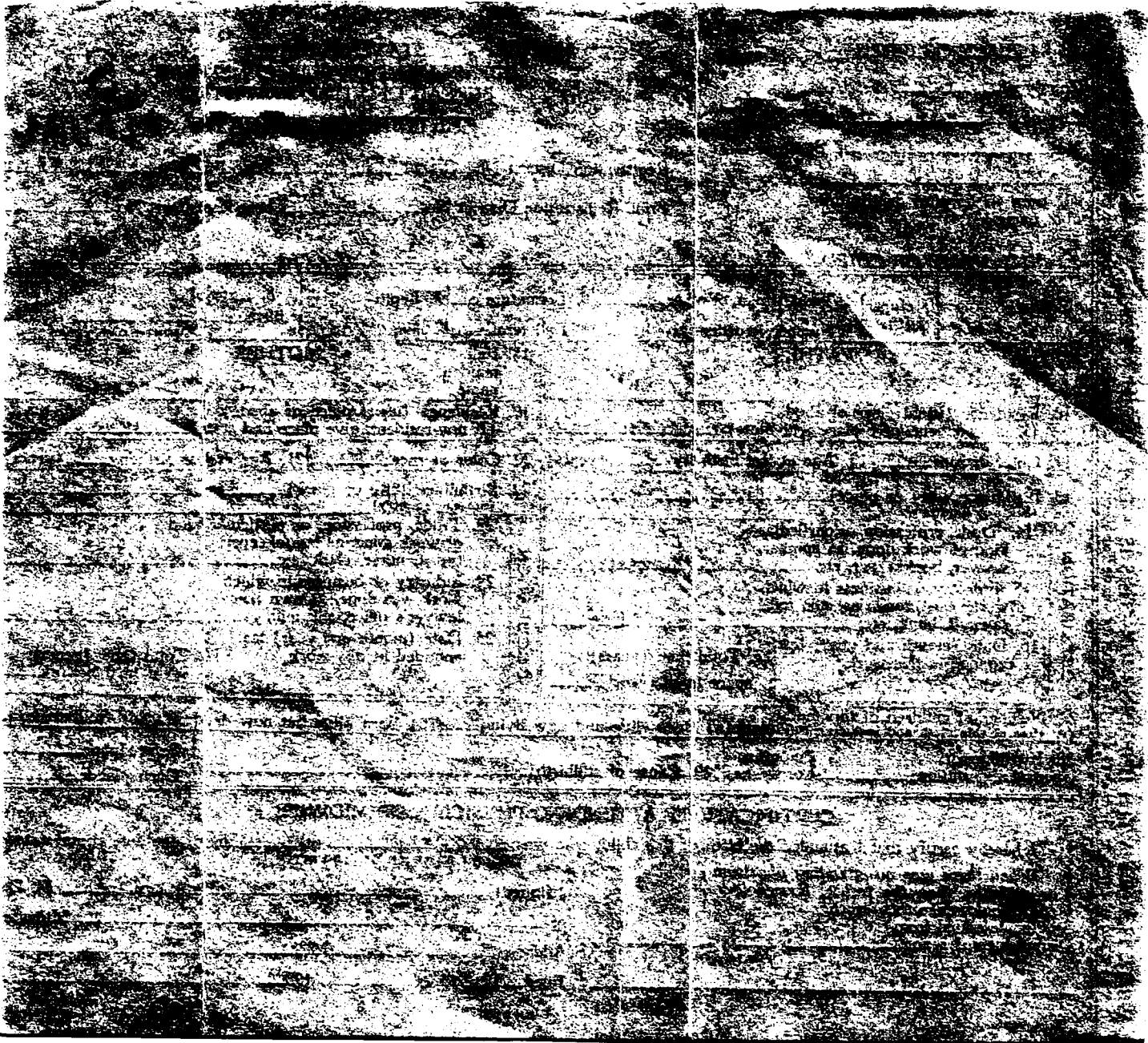
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>Cattlemen</u>	<u>Ranch</u>	<u>Feb. 1933</u>			<u>Housewife</u>	<u>At Home</u>	<u>Feb. 1933</u>	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Four (b) Born alive but now dead None (c) Stillborn One

28. If stillborn, { months { Before labor \_\_\_\_\_  
period of gestation { or weeks { During labor \_\_\_\_\_  
29. Cause of stillbirth \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:25 A.M. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(When there was no attending physician {  
or midwife, then the father, householder, {  
etc., should make this return.)  
(Signed) Paul W. Johnson M. D.  
or \_\_\_\_\_ Midwife  
Address Lewiston, Idaho  
Filed Feb 5, 1933 J. M. Syle  
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

265 1 D9 042-4646

1. PLACE OF RECEIVED MAR 13 1933

County of Twin Falls  
City of Twin Falls  
No. 330 4<sup>th</sup> Ave. W.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 210357  
CERTIFICATE OF BIRTH S

(If born in hospital or institution give name.)

Registration District No. 37 State File No. \_\_\_\_\_  
Prim. Registration District No. 1085 Local Registrar's No. 46

2. FULL NAME OF CHILD

3. Sex Boy If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature X 7. Legitimate? yes 8. Date of birth 2-9, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (MONTH, DAY, YEAR)

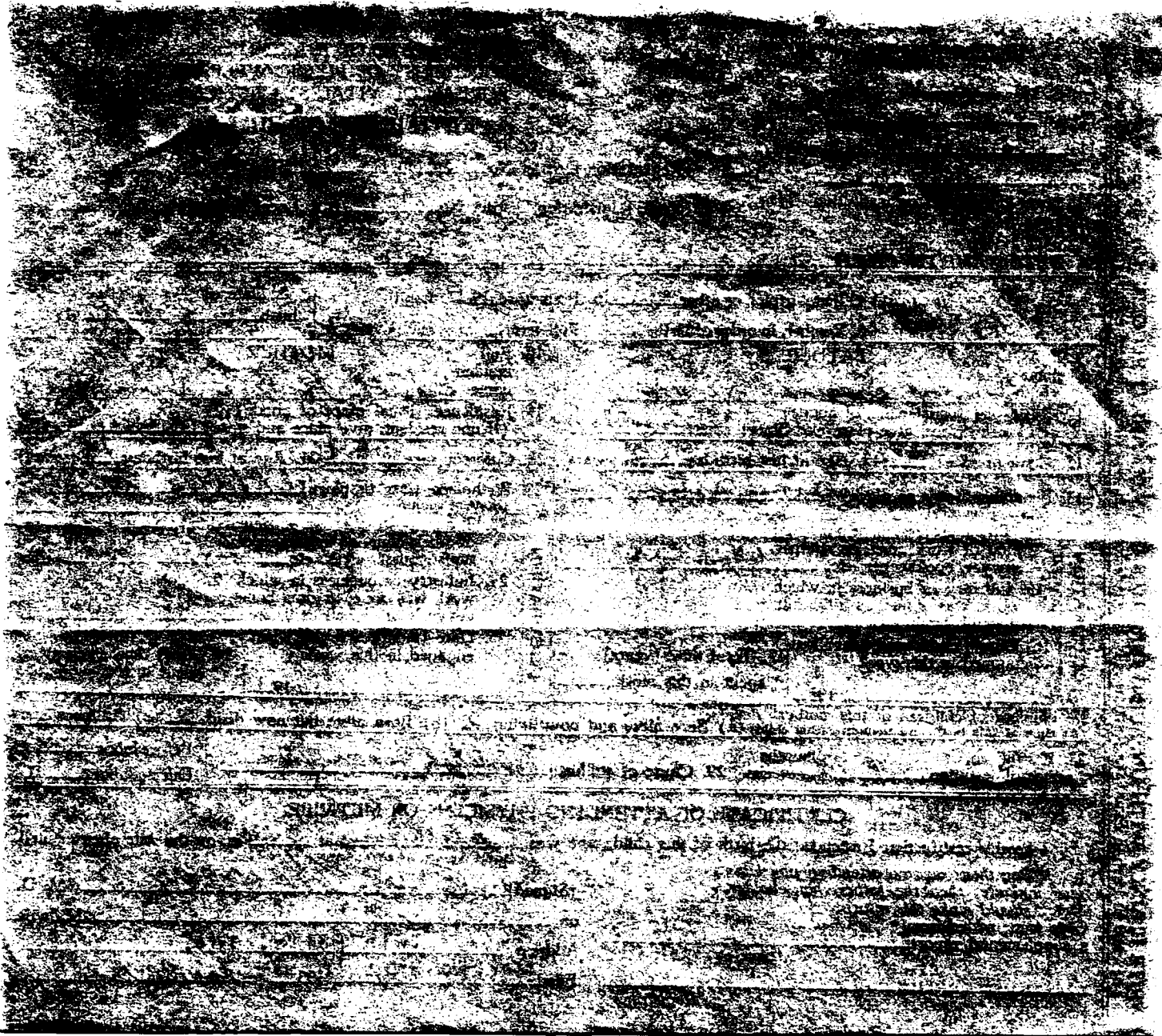
9. Full name FATHER Henry Ervin Sova  
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls  
11. Color or race white 12. Age at last birthday 42 (years)  
13. Birthplace (city or place) (State or country) Winchester, Kan.  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
OCCUPATION

18. Full maiden name MOTHER Edith Helen Douglas  
19. Residence (usual place of abode) (If non-resident, give place and state) Twin Falls  
20. Color or race white 21. Age at last birthday 18 (years)  
22. Birthplace (city or place) (State or country) Eklaka, Mont.  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
OCCUPATION

27. Number of children of this mother 1st  
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
28. If stillborn, period of gestation 7 months or weeks 29. Cause of stillbirth Detached placenta  
Before labor yes  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) D. C. Hallen M. D.  
or \_\_\_\_\_, Midwife  
Address Twin Falls, Ida.  
Filed March, 3, 1933 D. C. Hallen  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 82687	
County of <u>Twin Falls</u>		CERTIFICATE OF DEATH		State File No. ....	
City of <u>Twin Falls</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>28</u>	
		Primary Registration District No. <u>1085</u>			
(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Rosa</u>					
(a) Residence. No. <u>320 4th Ave. W.</u> St. ....					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, .... hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Ida</u>					
13. NAME <u>H. E. Sova</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>					
15. MAIDEN NAME <u>Edith Douglas</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Montana</u>					
17. INFORMANT (Address) <u>H. E. Sova, Twin Falls</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Funerary</u> Date <u>Feb 11</u> , 193 <u>3</u>					
19. UNDERTAKER (Address) <u>F. E. Drake, Twin Falls</u>					
20. FILED <u>2/14</u> , 193 <u>3</u> <u>George O. Walley, M.D.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Feb 9</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>on 2/9/33</u> , 193 <u>3</u> , to <u>on 2/9/33</u> , 193 <u>3</u> .					
I last saw <u>deceased</u> born <u>dead</u> , 193 <u>3</u> : death is said to have occurred on the date stated above, at <u>m</u> .					
The principal cause of death and related causes of importance were as follows: <u>Probably bidacated placenta</u> <u>Dead for some time at birth.</u>					
Other contributory causes of importance:					
Name of operation ..... Date of .....					
What test confirmed diagnosis? ..... Was there an autopsy? .....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 193 <u>3</u> Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury .....					
Nature of injury .....					
24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify <u>E. J. Weaver</u> (Signed) <u>Twin Falls, Ida</u> M. D.					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED MAR 2 - 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTHS ✓  
210458County of Ada  
City of BoiseNo. St. Alphonsus St.(If born in hospital or institution  
give name.)Registration District No. 2 State File No. \_\_\_\_\_Prim. Registration District No. 1004 Local Registrar's No. 91

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of  
ChildMaleTwin  
Triplet  
or other?  
(To be answered only in event of plural births)and { Number  
in order  
of birthLegiti-  
mate? yesDate of  
birthFeb  
(Month)24  
(Day)1933  
(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

None

Number of child of this mother, including present birth

2

(a) Born alive and now living

one

Born alive but now dead

none

Stillborn

oneFULL  
NAMEIra Parker

FATHER

FULL  
MAIDEN  
NAMEEthel Suroot

MOTHER

Residence (Usual place of abode)

Boise Ida

Residence (Usual place of abode)

Boise Ida

If nonresident, give place and State

If nonresident, give place and State

Color or race

White

Age at last Birthday

28  
(Years)

Color or race

White

Age at last Birthday

35  
(Years)

Birthplace

Iowa

(City and State or Country)

Birthplace

Baldwell Idaho

(City and State or Country)

Occupation

Truckman

Occupation

House wife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6 P. M.  
on the date above stated.

(Signature)

W. H. Rhodes  
Physician  
(Physician or midwife)\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Address

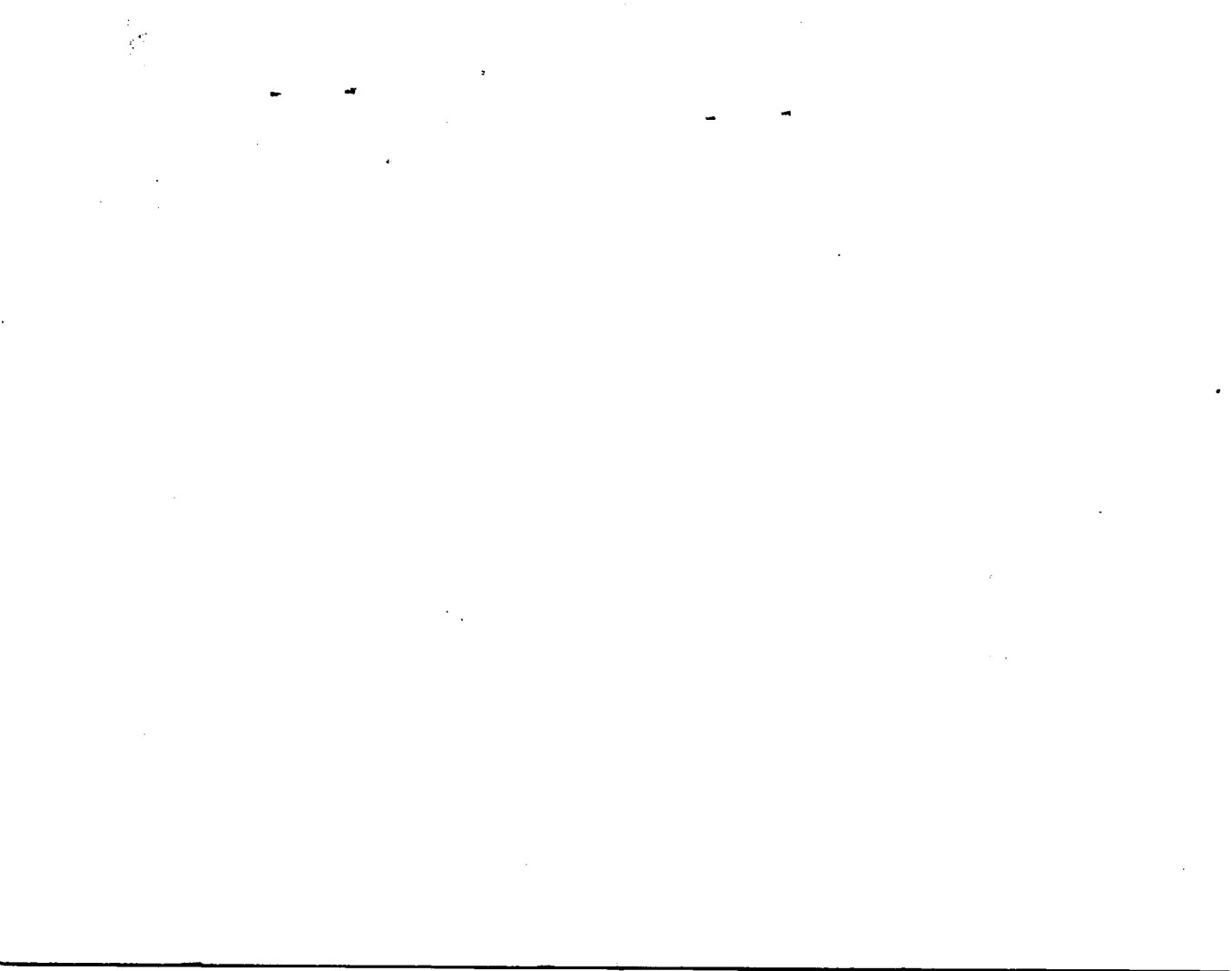
Boise Idaho

Filed

3-4-33W. H. Rhodes

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		<b>CERTIFICATE OF DEATH</b>		State File No. <u>82415</u>	
City of <u>Boise</u>		Registration District No. <u>2</u>		Local Registrar's No. <u>66</u>	
		Primary Registration District No. <u>1004</u>			
		(No. <u>St. Alphonsus Hospital</u> )			
		(If death occurred in a hospital or institution give its name instead of street and number.)			
2. FULL NAME <u>Stillborn Parker</u>				<u>206</u>	
(a) Residence. No. <u>1711 North 13<sup>th</sup></u>		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. _____		ds. How long in U. S., if of foreign birth? yrs. mos. _____		ds. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 24-33</u>					
7. AGE Years <u>1</u> Months <u>0</u> Days <u>0</u>		If LESS than 1 day, _____ hrs. _____ min.			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Boise, Ida</u> (State or country)					
FATHER					
13. NAME <u>Ira Parker</u>					
14. BIRTHPLACE (city or town) <u>Gowa</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Ethel Smoot</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Ira Parker</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <u>Morris Hill</u> Place <u>Boise</u> Date <u>2-25</u> 193 <u>3</u>					
19. UNDERTAKER <u>Schmechel &amp; W. C. Baum</u> (Address) <u>Boise</u>					
20. FILED <u>2-27</u> , 193 <u>3</u> <u>W. H. Rhodes</u> Registrar. (address) _____					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2-24</u> 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>2-24</u> , 193 <u>3</u> , to <u>2-24</u> , 193 <u>3</u>					
I last saw h. _____ alive on <u>Feb. 24</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Unproportioned size of child, injury to same at delivery.</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>3</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) _____, M. D.					

Hans. 11000

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other **CONTRIBUTORY CAUSES** of importance:

*Gallstones*

## EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other **CONTRIBUTORY CAUSES** of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 2 1933

1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

S

County of Ada

City of Star

No. 493-2190018B St.

Registration District No. 9F10

File No. 210495

Hospital Star

Primary Registration District No. 9F10

Registered No. ✓

FULL NAME OF CHILD Babe Miller

(Certificate of no value without full name of child.)

Sex of Child <u>FM</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth <u>1</u> } Legiti-mate? <u>Y</u>	Date of birth <u>24</u> / <u>19</u> / <u>1933</u> (Month) (Day) (Year)
------------------------	---	---

What bacteriocidal solution was used in eyes?.....

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

FULL NAME <u>Herman Miller</u>	FATHER
RESIDENCE <u>Mar Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY..... (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>Home</u>	

FULL MAIDEN NAME <u>Ada Hall</u>	MOTHER
RESIDENCE <u>Mar Boise</u>	
COLOR <u>W.</u>	AGE AT LAST BIRTHDAY..... (Years)
BIRTHPLACE <u>Idaho</u>	
OCCUPATION <u>H.R.O.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Star at 9:30 M. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ada Hall

(Physician or midwife)

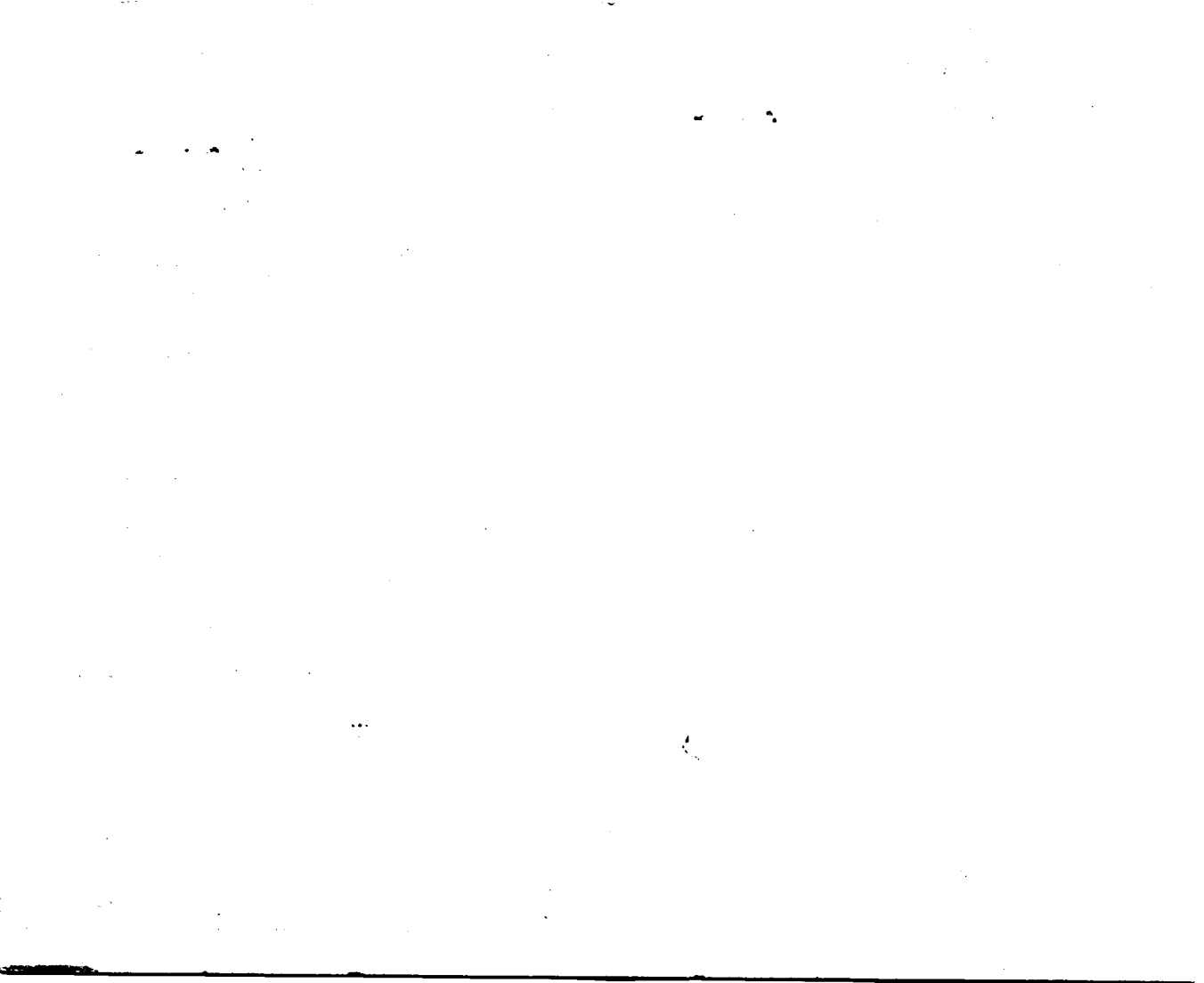
Give names added from a supplemental report.

Address Star Idaho

Filed 3/1 19233

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 2 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82748

State File No.

## PLACE OF DEATH

County of Ada

## CERTIFICATE OF DEATH

City of Boise.Registration District No. 9+10Primary Registration District No. 9+10Local Registrar's No. 2(No. Star, Idaho.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Miller.(a) Residence. No. Boise, Idaho #1 St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Feb. 19/19337. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Star, Idaho.  
(State or country)13. NAME Herman Miller.14. BIRTHPLACE (city or town) Pa.  
(State or country)15. MAIDEN NAME Ada Hall.16. BIRTHPLACE (city or town) Star, Idaho.  
(State or country)17. INFORMANT Herman Miller.  
(Address) Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Cem Date 2/20/33 19319. UNDERTAKER Wm. McBratney.  
(Address) Boise, Idaho.20. FILED 720, 193 3 Boise, Idaho  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/19/33 193

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_, 1933.

I last saw 103 Boise on \_\_\_\_\_, 1933.death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Still Born -

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 200 Date of injury \_\_\_\_\_, 193Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. W. Hall, M. D.(Address) Star, Idaho.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Blaine RECEIVED DR 11 1933 STATE OF IDAHO  
City of Pocatello DEPARTMENT OF PUBLIC WELFARE  
No. 101 South Johnson St. BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **210533**  
Pocatello General Hospital Registration District No. .... State File No. ....  
(If born in hospital or institution give name.) Prim. Registration District No. .... Local Registrar's No. 104  
FULL NAME OF CHILD Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate <u>Yes</u>	Date of birth <u>March 21</u> 19 <u>33</u> (Month) (Day) (Year)
----------------------------	------------------------------	---------	--------------------------------	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth. Five (a) Born alive and now living Four  
Born alive but now dead None Stillborn One

FATHER		MOTHER	
FULL NAME	<u>William Henry Eichelberger</u>	FULL MAIDEN NAME	<u>Lenore Haas</u>
Residence (Usual place of abode)	<u>1456 North First</u>	Residence (Usual place of abode)	<u>1456 North First</u>
If non-resident, give place and State		If non-resident, give place and State	
Color or race <u>White</u> Age at last Birthday <u>37</u> (Years)		Color or race <u>White</u> Age at last Birthday <u>32</u> (Years)	
Birthplace <u>Pittsburg, Kansas</u> (City and State or County)		Birthplace <u>Pocatello, Idaho</u> (City and State or County)	
Occupation		Occupation	

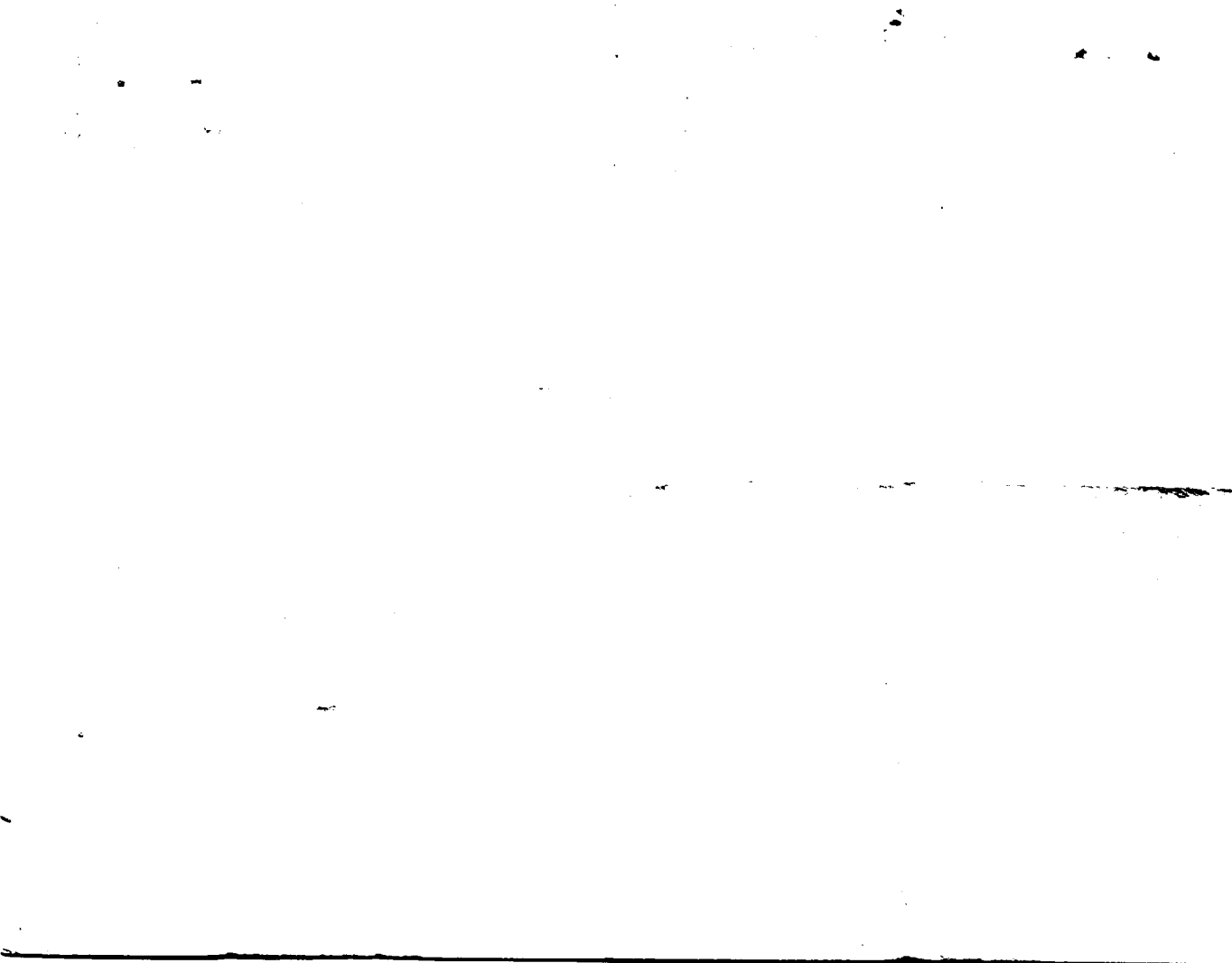
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:10 A. M. on the date above stated.

(Signature) H. H. Hughton M.D.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Pocatello, Idaho  
Filed 2-30-33 1933 D. C. Ray  
Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

County of Bannock  
City of Pocatello

Registration District No. 21  
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 82753Local Registrar's No. 40

2. FULL NAME Infant Eichelberger  
(If death occurred in a hospital or institution give its name instead of street and number.)  
(No. 1456 N. 1st ave)  
(a) Residence. No. 1456 N. 1st ave St. 206  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 21, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. min.  
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

13. NAME William Eichelberger

14. BIRTHPLACE (city or town) (State or country) Kaysville, Idaho

15. MAIDEN NAME Lemora Hops

16. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

17. INFORMANT (Address) William Eichelberger, Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho Date Mar 22 1933

19. UNDERTAKER (Address) Pocatello, Idaho

20. FILED Mar 22 1933 Registrar D. C. Ray

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933

I last saw h. alive on March 21, 1933; death is said

to have occurred on the date stated above, at 206 m.

The principal cause of death and related causes of importance were as follows:

Still born - Due to premature separation of placenta

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. H. Hinghart M. D.

(Address) Pocatello, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

MAY 9 1962

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS	
No. <u>1142161</u>		CERTIFICATE OF BIRTH <u>210558</u>	
(If born in hospital or institution give name.)		Registration District No. <u>28</u>	State File No. <u>2161</u>
		Prim. Registration District No. <u>2161</u>	Local Registrar's No. <u>101</u>
2. FULL NAME OF CHILD <u>J. Doyle Crump</u> <u>Stillborn</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth
6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>March 18, 1933</u>	(MONTH, DAY, YEAR)
9. Full name FATHER <u>Leon J. Crump</u>		18. Full maiden name MOTHER <u>Hilda Rose Green</u>	
10. Residence (usual place of abode) <u>McCamm</u>		19. Residence (usual place of abode) <u>McCamm</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W.</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) <u>Arimo Idaho</u>		22. Birthplace (city or place) <u>McCamm Ida.</u>	
(State or country)		(State or country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>all his life</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
28. If stillborn, period of gestation <u>9mo.</u> months or weeks		29. Cause of stillbirth <u>by falling</u> Before labor <u>yes</u> During labor <u>yes</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) J. L. Crump, M. D.

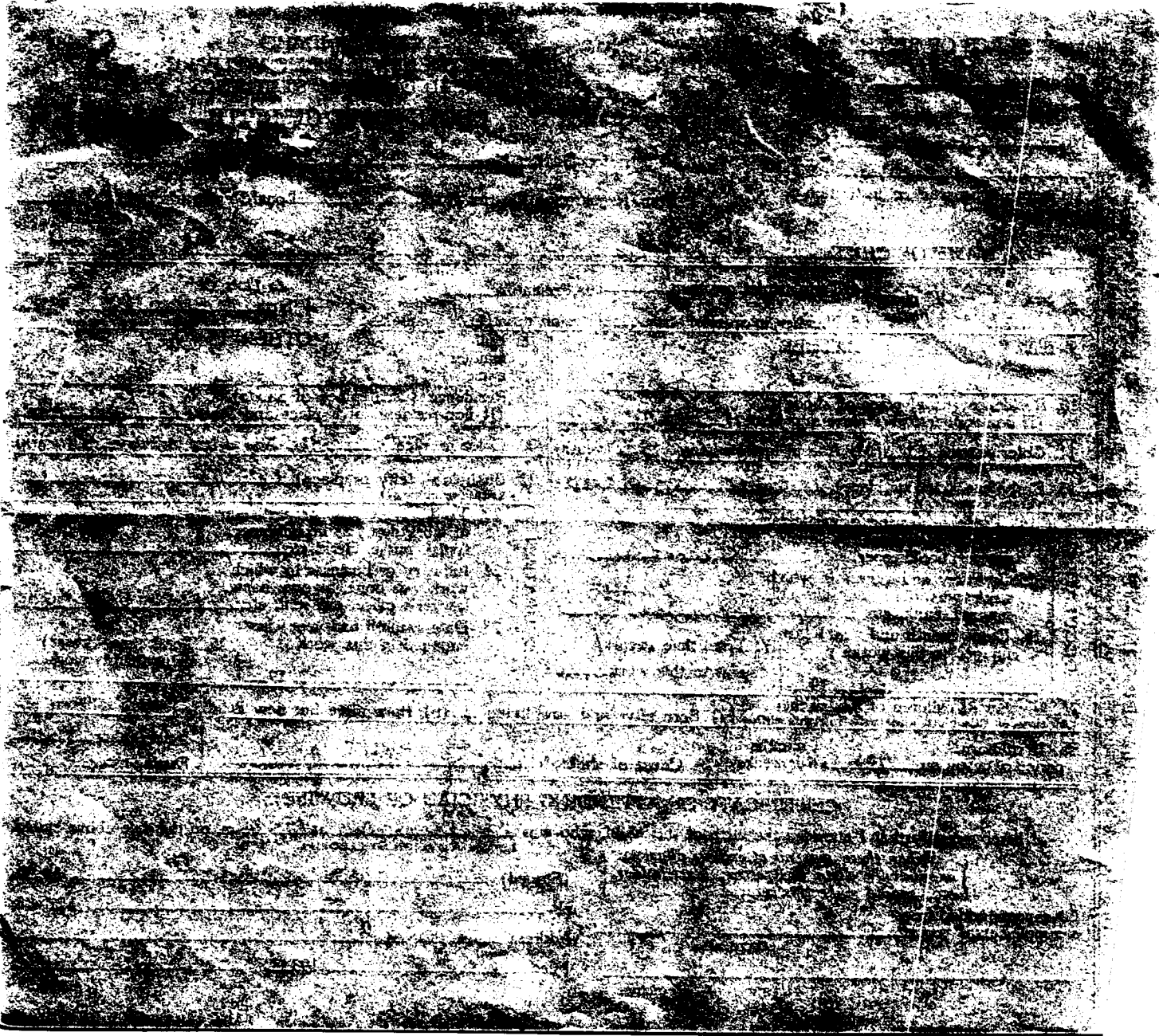
or Midwife

Address McCamm

Filed 3-25, 1933 D. C. Ray

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM No. 5-25-M 1-16-13

RECEIVED APR 11 1933

## CERTIFICATE OF DEATH.

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 28

County of Blaine

Primary Registration District No. 2161

City of Pocatello

(No. Lynn Ave. St.)

File No. 82752

Registered No. 39

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

J. Purple Crump

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Male white Steelborn (Write the word.)

6. DATE OF BIRTH.

3 18 33  
(Month) (Day) (Year)

7. AGE

Steelborn  
Yrs. Mos. ds.IF LESS than 1 day  
how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...  
(b) General nature of industry, business, or establishment in which employed (or employer).

Steelborn

9. BIRTHPLACE

(State or Country)

Pocatello Idaho  
Lynn Bros

10. NAME OF FATHER

Lynn Crump

11. BIRTHPLACE OF FATHER

(State or Country)

Arvin, Idaho

12. MAIDEN NAME OF MOTHER

Rose Green McCammon

13. BIRTHPLACE OF MOTHER

(State or Country)

McCammon Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Lynn Crump

(Address)

McCammon, Idaho

15.

Filed Mar 18 1933

D. C. Ray

Local Registrar

16. DATE OF DEATH

3-18-33  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 3-18-33 to 3-18-33

that I last saw him on 3-18-33 and that death occurred on the date stated above, at M.

The CAUSE OF DEATH\* was as follows:

Steelborn

(Duration) yrs. mos. ds.

Contributory (Secondary)

Steelborn

(Duration) yrs. mos. ds.

(Signed)

J. W. Crump M. D.

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death... yrs. mos. days In the State... yrs. mos. days

Where was disease contracted if not at place of death? Steelborn

Former or usual residence

McCammon

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

McCammon, Idaho

7/10/19 1933

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

*spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED APR 7 - 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 210590

1. PLACE OF BIRTH  
County of Bingham  
City of Shelley Route 2  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 121 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 66

2. FULL NAME OF CHILD Baby Staples Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? yes 8. Date of birth Mar 3, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER Joseph Levi Staples 18. Full maiden name MOTHER Ella Palmer

10. Residence (usual place of abode) Shelley 19. Residence (usual place of abode) Shelley  
(If non-resident, give place and State)

11. Color or race White 20. Color or race White 12. Age at last birthday 45 (years) 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Thistle, Utah 22. Birthplace (city or place) Oldham, Lancashire, England  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N. K.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 3-3-1933 25. Date (month and year) last engaged in this work 3-3-1933  
17. Total time (years) spent in this work 20 26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, Full Term months or weeks 29. Cause of stillbirth Unknown  
Before labor yes  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:00 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Calvin C. Carter, M. D.

Give name added from a supplemental report \_\_\_\_\_

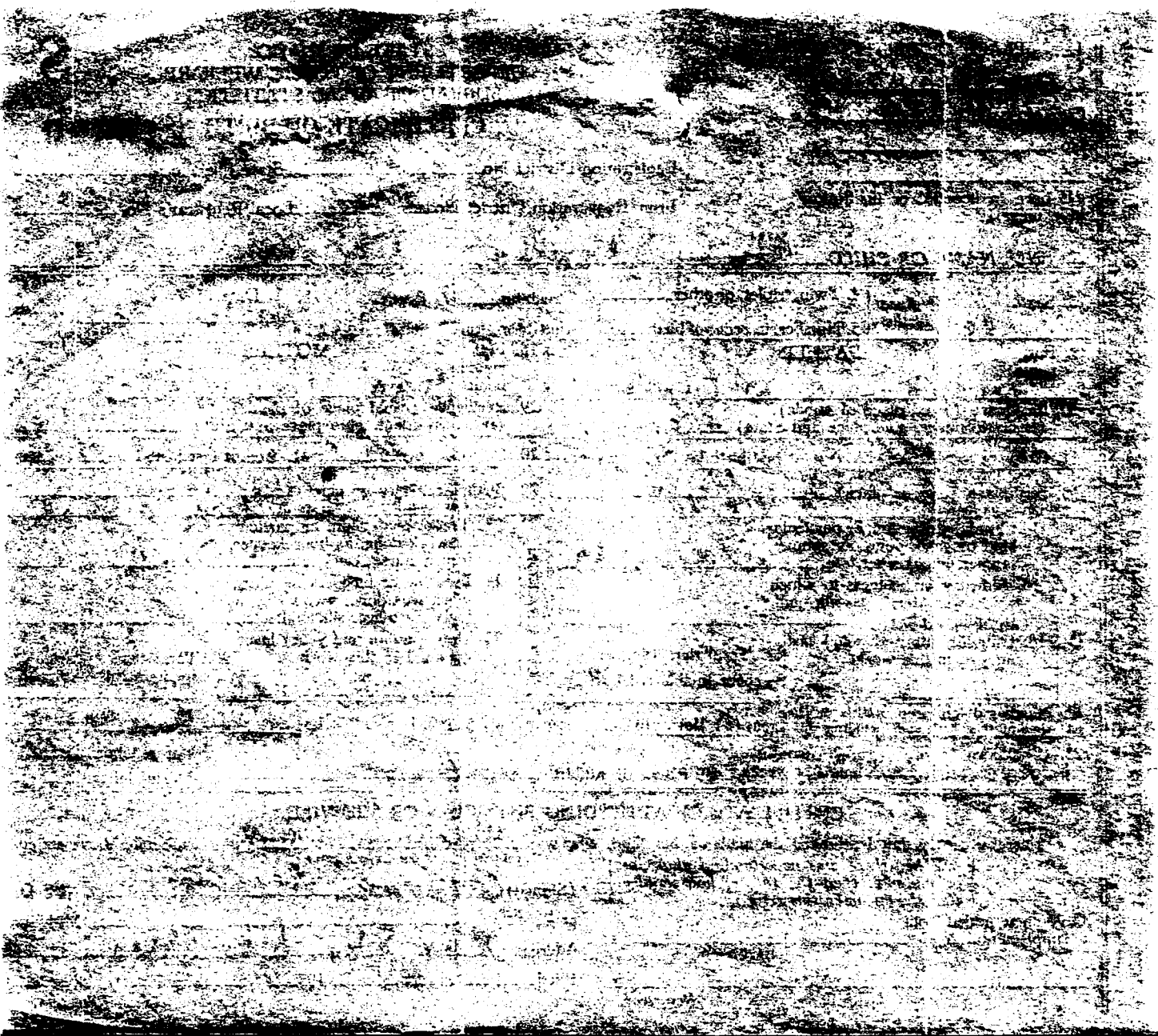
or \_\_\_\_\_, Midwife

Address Box 86, Shelley

Filed Apr 4, 1933 Ms. Halcyon E. Farnie

Registrar.

Registrar.





N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82793

State File No.

## PLACE OF DEATH

County of

City of

## CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,  
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)

14.

Informant  
(Address)

15.

File

Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH\* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

3-3-1933

(Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED APR 7 - 1933

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. R. 7 21 2 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS **210627**  
**CERTIFICATE OF BIRTH**

(If born in hospital or institution give name.)

Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 2194 Local Registrar's No. 87

2. FULL NAME OF CHILD Stillborn Harris

3. Sex Male If plural births { 4. Twin triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth March 1, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term X (Month, Day, Year)

9. Full name FATHER Orval H. Harris 18. Full maiden name MOTHER Laura Layne

10. Residence (usual place of abode) Blackfoot 19. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 28 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Preston, Ida 22. Birthplace (city or place) Lewiston, Wt  
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____, 19 _____ spent in this work _____		25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____, 19 _____ spent in this work _____

27. Number of children of this mother 4  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Nea Silver

28. If stillborn, { months { Before labor \_\_\_\_\_  
period of gestation { or weeks { During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who Stillborn (Signed) W. Beck, M. D.  
was born March 1, 1933 at Blackfoot, Ida or \_\_\_\_\_, Midwife  
(Born Alive or Stillborn) Address Blackfoot, Ida

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.] Filed Apr 3 - 1933 Wm. H. H. H. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED APR 7 - 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82791

State File No. ....

## PLACE OF DEATH

County of BinghamCity of Blackfoot  
Rd # 2

## CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2114

(No. ....)

Local Registrar's No. 305

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Harris

(a) Residence. No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. ....

yrs.

mos.

ds.

How long in U. S. if of foreign birth? ....

yrs.

mos.

ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 1, 1933

7. AGE <u>Stillborn</u>	Years	Months	Days	If LESS than 1 day, ..... hrs. or ..... min.
----------------------------	-------	--------	------	--

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot  
(State or country) Idaho

## PARENTS

10. NAME OF FATHER Orval H. Harris11. BIRTHPLACE OF FATHER (city or town) Preston  
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Laura Layne13. BIRTHPLACE OF MOTHER (city or town) Lewiston  
(State or County) Idaho14. Informant Orval H. Harris  
(Address) Blackfoot Idaho, R. 215. File Mar. 1, 1933 Mr. Harris  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Stillborn Mar 1, 1933  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from  
Mar 1, 1933, to Mar 1, 1933that I last saw h. Stillborn, 19...  
and that death occurred, on the date stated above, at 1:00 P.M.\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Premature detachment  
of Placenta Partial  
Placenta Previa

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

(duration) .... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. Beck M. D.  
3/1, 1933 (Address) Blackfoot, Idaho19. Place of Burial, Cremation, or Removal Funeral Home Date of Burial Mar 2, 193320. Undertaker Orval H. Harris Address Blackfoot  
Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED APR 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

210632

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. 11 St.

(If born in hospital or institution give name.)

Registration District No. 121 State File No. \_\_\_\_\_

Prim. Registration District No. 2194 Local Registrar's No. 92

2. FULL NAME OF CHILD Stillborn Marlow Stillborn

3. Sex. Male If plural births { 4. Twin triplet, or other. \_\_\_\_\_ 6. Premature No 7. Legitimate? Yes 8. Date of birth Mar 17, 1933  
5. Number, in order of birth. \_\_\_\_\_ Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER John M. Marlow 18. Full maiden name MOTHER Elessia Janie Williams

10. Residence (usual place of abode) Blackfoot 19. Residence (usual place of abode) Blackfoot  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 30 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Plymouth Utah 22. Birthplace (city or place) Blackfoot Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) Always 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
\_\_\_\_\_, 19 \_\_\_\_\_ spent in this work \_\_\_\_\_, 19 \_\_\_\_\_ spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

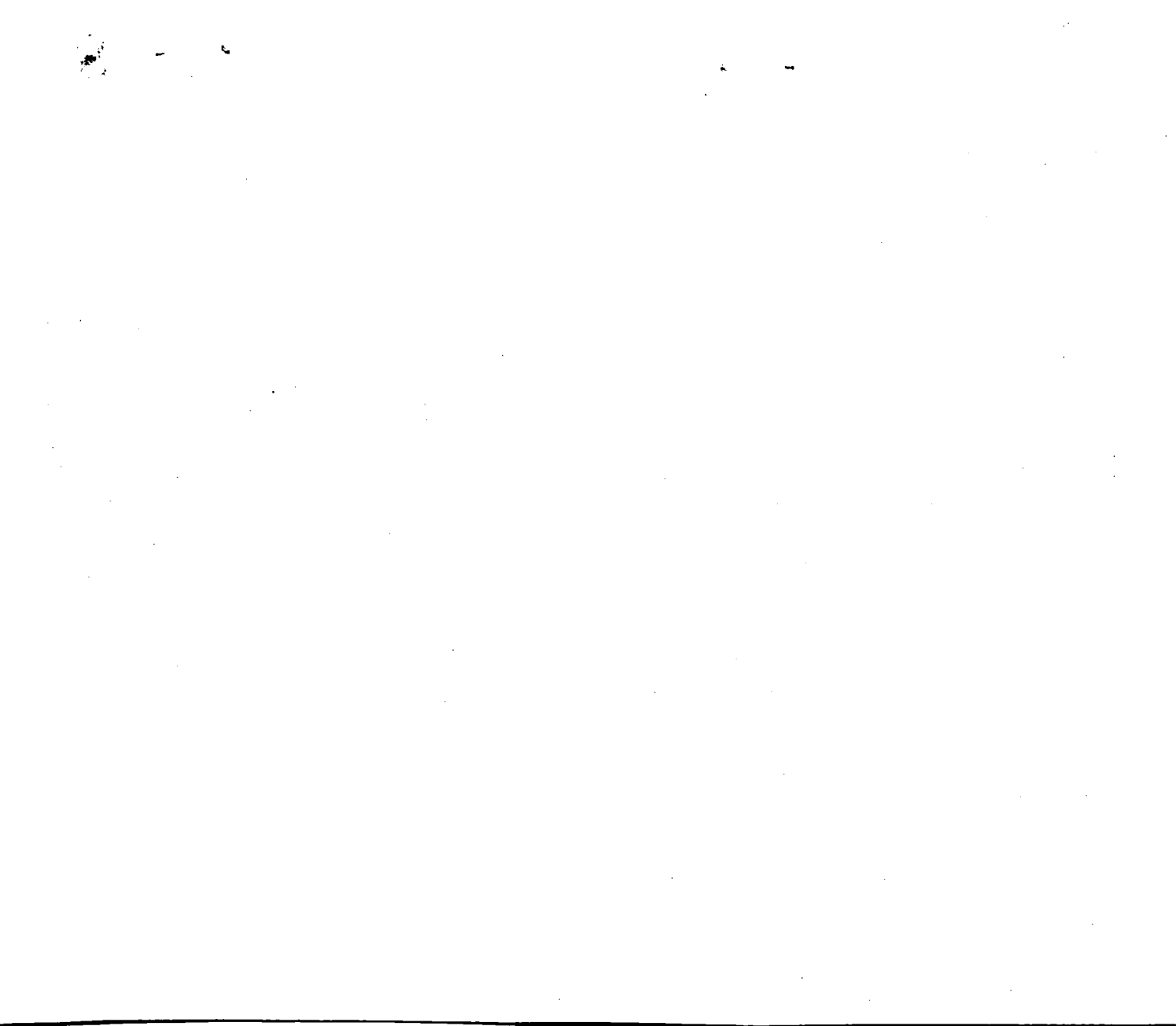
What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. If stillborn, period of gestation 9 mo { months or weeks 29. Cause of stillbirth Placenta Previa { Before labor \_\_\_\_\_ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) W W Beck, M. D.  
was Stillborn at 4:30 p.m. on the date above stated. or \_\_\_\_\_, Midwife  
(Born Alive or Stillborn) Address Blackfoot, Idaho

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.] Filed Apr 5, 1933 W W Beck Registrar.





RECEIVED APR 7 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82798

State File No. ....

## PLACE OF DEATH

County of BinghamCity of Blackfoot, Ida

## CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Marlow(a) Residence. No. Blackfoot, Ida R 1 St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Mar 17, 1933

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)Blackfoot  
Ida

10. NAME OF FATHER

John M. Marlow11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)Plymouth  
Idaho

12. MAIDEN NAME OF MOTHER

Elovia Jane Williams13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)Blackfoot  
Ida

14.

Informant  
(Address)John M. Marlow  
Blackfoot Ida R 1

15.

Filed

Mar 8 1933Mrs. Walter E. ...  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 17

(Month)

(Day)

1933  
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 17 1933 to Mar 17 1933that I last saw him at home 1933and that death occurred, on the date stated above, at 4 P m.\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Placenta Previa with  
premature detachment

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? NO Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

W. Beck M. D.19 (Address) Blackfoot Ida

Place of Burial, Cremation, or Removal

Date of Burial

L.C. Can. Blackfoot Mar 18 1933

20. Undertaker

Address

Wm. ... Blackfoot

PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED APR 7 - 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210656

County of Banner

City of Sandpoint

No. 816-107009-2149 St.

Page Hospital

(If born in hospital or institution  
give name.)

Registration District No. 78 State File No. \_\_\_\_\_

Prim. Registration District No. 2155 Local Registrar's No. 20

FULL NAME OF CHILD "Stillbirth" Hawley

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate?	Date of birth <u>March 7</u> 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? no

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Willard Hawley</u>	MOTHER FULL MAIDEN NAME <u>Ruth Murphy</u>
---	---

Residence (Usual place of abode) <u>Sandpoint</u>	Residence (Usual place of abode) <u>Sandpoint</u>
---	---

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>White</u> Age at last Birthday <u>23</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>18</u> (Years)
---	---

Birthplace <u>Sandpoint Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
--	--

Occupation <u>laborer</u>	Occupation <u>housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 6 30 P. M.  
on the date above stated.

(Signature) Wm F. Tyler M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed April 3 1933 Viola Allen

Deputy Registrar

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

THE UNIVERSITY OF CHICAGO  
 1100 SOUTH EAST ASIAN AVENUE  
 CHICAGO, ILLINOIS 60607-7073  
 TEL: 773/936-3333 FAX: 773/936-3334

5. *Staphylococcus aureus* (ATCC 12228) was grown in tryptic soy broth (TSB) (Difco) supplemented with 0.5% yeast extract (Difco) and 0.5% glucose (Difco) at 37°C. Cells were harvested by centrifugation at 10,000g for 10 min and washed with distilled water. Cells were then resuspended in distilled water and adjusted to a concentration of  $1 \times 10^8$  cells/ml.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **82812**

PLACE OF DEATH  
County of **Bonner**  
City of **Sandpoint**

Registration District No. **78**Primary Registration District No. **2155**Local Registrar's No. **17**Page **Hospital**(If death occurred in a hospital or institution, give its name instead of street and number.) **206**2. FULL NAME **Infant Hawley**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **March 7, 1933**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
**Stillbirth**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Sandpoint**  
(State or country) **Idaho**

13. NAME **Willard Hawley**

14. BIRTHPLACE (city or town) **Sandpoint**  
(State or country) **Idaho**

15. MAIDEN NAME **Ruth Murphy**

16. BIRTHPLACE (city or town) **Minn**  
(State or country)

17. INFORMANT **Willard Hawley**  
(Address) **Sandpoint, Idaho.**

18. BURIAL, CREMATION, OR REMOVAL **Pinecrest Cem.**  
Place **Sandpoint, Ida.** Date **Mar. 13, 1933**

19. UNDERTAKER **L. G. Moon**  
(Address) **Sandpoint, Idaho.**

20. FILED **March 13, 1933** **Viola Allen**  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **March 7, 1933**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

**March 7, 1933, to March 7, 1933.**

I last saw him alive on \_\_\_\_\_, 1933; death is said

to have occurred on the date stated above, at **6:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Still birth** **March 7, 1933**

**Bruch presentation****Difficult delivery of fetal head**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

**No** If so, specify \_\_\_\_\_(Signed) **Wm. F. Tyler**, M. D.(Address) **Sandpoint, Idaho**

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine APR 11 1933  
City of Idaho Falls, Idaho

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

210676

No. \_\_\_\_\_ St. \_\_\_\_\_

L.D. Hospital  
(If born in hospital or institution give name.)

Registration District No. 73 State File No. \_\_\_\_\_

Prim. Registration District No. 210 Local Registrar's No. 94

FULL NAME OF CHILD

Billbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth <u>4</u>	Legiti- mate? <u>yes</u>	Date of birth <u>3-10-1933</u> (Month) (Day) (Year)
--------------------------	---	-----	--	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? no

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 1 Stillborn 1

FATHER  
FULL NAME Oran M. Jacobsen  
Residence (Usual place of abode) Idaho Falls, Idaho  
If non-resident, give place and State  
Color or race White Age at last birthday 43 (Years)  
Birthplace Idaho Falls, Idaho (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Emma Munnie Pieper  
Residence (Usual place of abode) Idaho Falls, Idaho  
If non-resident, give place and State  
Color or race White Age at last birthday 34 (Years)  
Birthplace Idaho Falls, Idaho (City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

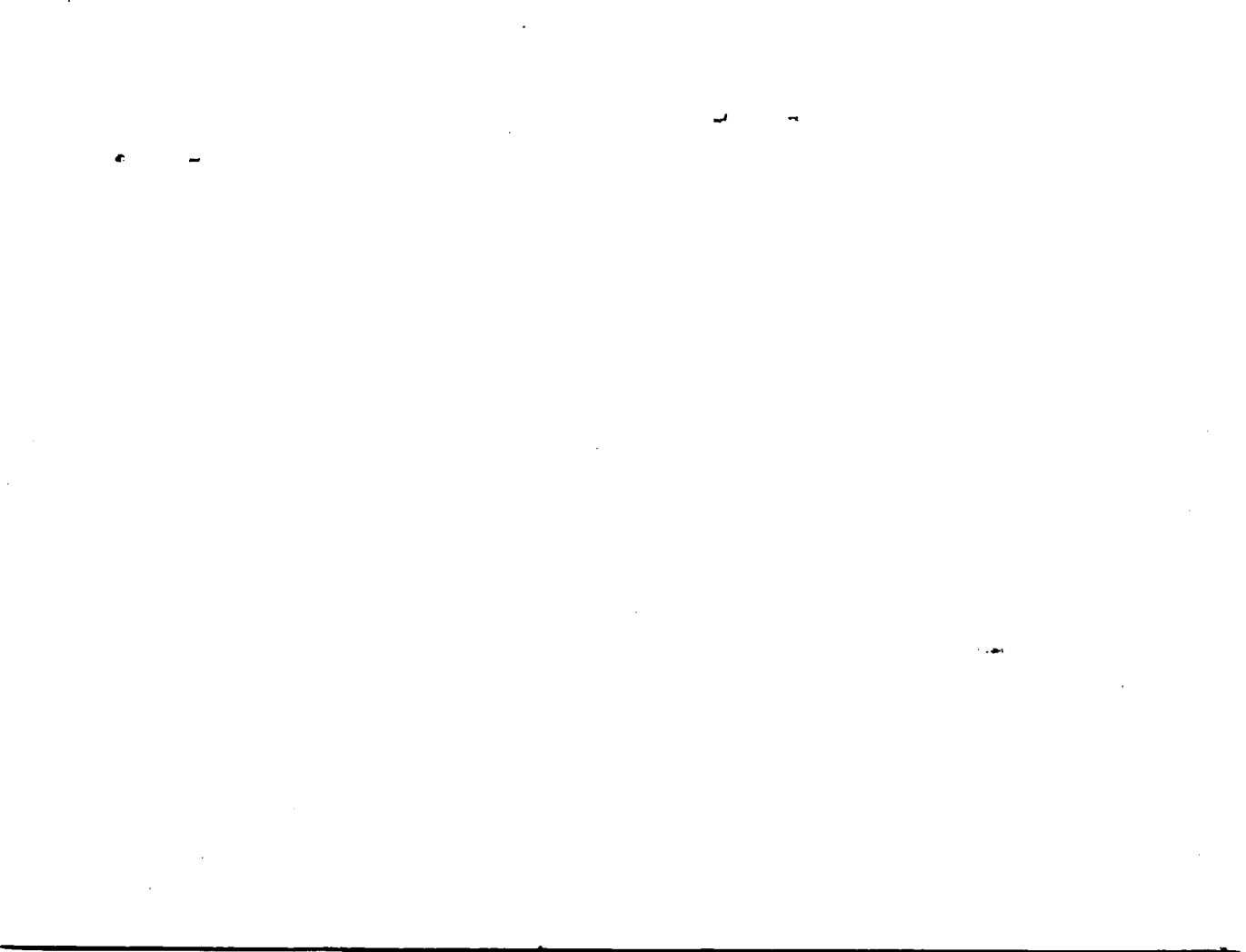
I hereby certify that I attended the birth of this child, who was born alive at 6:45 A. M. on the date above stated.

(Signature) [Signature]

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Idaho Falls, Idaho

Filed 6-17 1933 [Signature] Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		82826	
County of <u>Bannock</u>		BUREAU OF VITAL STATISTICS		State File No. ....	
City of <u>Idaho Falls, Idaho</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>153</u>	
Primary Registration District No. <u>214-0</u>		(No. <u>L. D. S. Hospital</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Hillbirt</u>				206	
(a) Residence. No. .... St. ....					
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>3-10-33</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Idaho Falls, Idaho</u> (State or country)					
FATHER	13. NAME <u>Oran M. Jacobson</u>				
	14. BIRTHPLACE (city or town) <u>Springville, Utah</u> (State or country) <u>Wasatch County, Utah</u>				
	15. MAIDEN NAME <u>Emma Minnie Ripper</u>				
	16. BIRTHPLACE (city or town) <u>Woodbury Co. Iowa</u> (State or country)				
MOTHER	17. INFORMANT <u>Oran M. Jacobson</u> (Address) <u>Swan Valley, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Swan Valley, Idaho</u> Date <u>3/11</u> , 193 <u>3</u>				
19. UNDERTAKER <u>none</u> (Address)					
20. FILED <u>3/10</u> , 193 <u>3</u> <u>Cory</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>March 10</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 10</u> , 193 <u>3</u> , to <u>March 10</u> , 193 <u>3</u> .					
I last saw him alive on <u>March 10</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>6:45 a.m.</u> before					
The principal cause of death and related causes of importance were as follows:					
<u>Asphyxia neonatorum</u>					Date of onset <u>3/10/33</u>
<u>Premature 7 months</u>					
Other contributory causes of importance:					
<u>Placenta Pravia</u> (Mother)					<u>7 ms.</u>
Name of operation <u>Inured Labor</u> Date of <u>3/9/33</u>					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>R. W. M. D.</u> M. D.					
(Address) <u>Idaho Falls, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED APR 11 1933

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

210694

1. PLACE OF BIRTH

County of Boundary  
City of Commer Ferry

No. Commer Ferry Hospital St.  
(If born in hospital or institution give name.)

Registration District No. 79 State File No. 2156

Prim. Registration District No. 2156 Local Registrar's No. 2156

2. FULL NAME OF CHILD

Baby Tashoff Stillborn

3. Sex

Female If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate?

8. Date of birth

Jan 28, 1933  
(MONTH, DAY, YEAR)

9. Full name

FATHER

Louis Tashoff

18. Full maiden name

MOTHER

Ethel Bushow

10. Residence (usual place of abode)

(If non-resident, give place and state) Bozzyie Springs

19. Residence (usual place of abode)

(If non-resident, give place and state) Bozzyie Springs

11. Color or race

12. Age at last birthday 36 (years)

20. Color or race

21. Age at last birthday 21 (years)

13. Birthplace (city or place)

(State or country) Macedonia

22. Birthplace (city or place)

(State or country) Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

1932

17. Total time (years) spent in this work

8 mo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

1932

26. Total time (years) spent in this work

1

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1

28. If stillborn,

period of gestation months or weeks

Contracted Pelvis

29. Cause of stillbirth

Premature - Breech

Before labor

During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm Bowel, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report

(DATE OF)

Address

Filed Jan 28, 1933 Wm Bowel

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

11-15-70

2000

DECLASSIFIED BY: AUCSSA/MICROFILM TO STATEMENTS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DR 11 1035

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 82850	
County of <u>Bonner</u>		BUREAU OF VITAL STATISTICS		State File No. ....	
City of <u>Bonner Ferry</u>		CERTIFICATE OF DEATH			
		Registration District No. <u>79</u>		Local Registrar's No. ....	
		Primary Registration District No. <u>31st</u>			
		(No. <u>Bonner Ferry Hospital</u> )			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Tashoff</u>					
(a) Residence. No. ....		St. ....			
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan 28-1933</u>					
7. AGE <u>Stillborn</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Bonner Ferry</u> (State or country) <u>Ida</u>					
13. NAME <u>Louis Tashoff</u>					
14. BIRTHPLACE (city or town) <u>Macedonia</u> (State or country)					
15. MAIDEN NAME <u>Ethel Bushow</u>					
16. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)					
17. INFORMANT <u>Louis Tashoff</u> (Address) <u>Mozie Springs Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mozie Springs</u> Date <u>1-29</u> , 193 <u>3</u>					
19. UNDERTAKER <u>Louis Tashoff</u> (Address) <u>Mozie Springs</u>					
20. FILED <u>Jan 29</u> , 193 <u>3</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 28</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from .....					
....., 193....., to ....., 193.....					
I last saw h..... alive on ....., 193.....; death is said to have occurred on the date stated above, at..... m.					
The principal cause of death and related causes of importance					
As follows: <u>Stillborn</u> <u>Contracted Pelvis -</u> <u>Premature Labor</u> <u>Breech Presentation</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Rm Bowell</u> , M. D.					
(Address) <u>Bonner Ferry Ida</u>					

206

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

County of Canyon  
City of Huston  
No. R.F.D. No. 2  
721-113 644-294  
(If born in hospital or institution  
give name.)

APR 17 1933

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

210747

CERTIFICATE OF BIRTH

Registration District No. 3 State File No. S  
Prim. Registration District No. 2005 Local Registrar's No. 40

FULL NAME OF CHILD Baby Gragg

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>Yes</u>	Date of birth <u>March 13, 1933</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Eight (a) Born alive and now living Seven  
Born alive but now dead - Stillborn One

FATHER		MOTHER	
FULL NAME <u>Clarence Everett Gragg</u>	FULL MAIDEN NAME <u>Hazel Marvill Kimmer</u>		
Residence (Usual place of abode) <u>Huston R.F.D. No. 2</u>	Residence (Usual place of abode) <u>Huston R.F.D. No. 2</u>		
If nonresident, give place and State	If nonresident, give place and State		
Color or race <u>White</u> Age at last Birthday <u>35</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>35</u> (Years)		
Birthplace <u>Henry Co. Mo.</u> (City and State or Country)	Birthplace <u>Castle Gate, Utah</u> (City and State or Country)		
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at C. 00 A. M.  
on the date above stated.

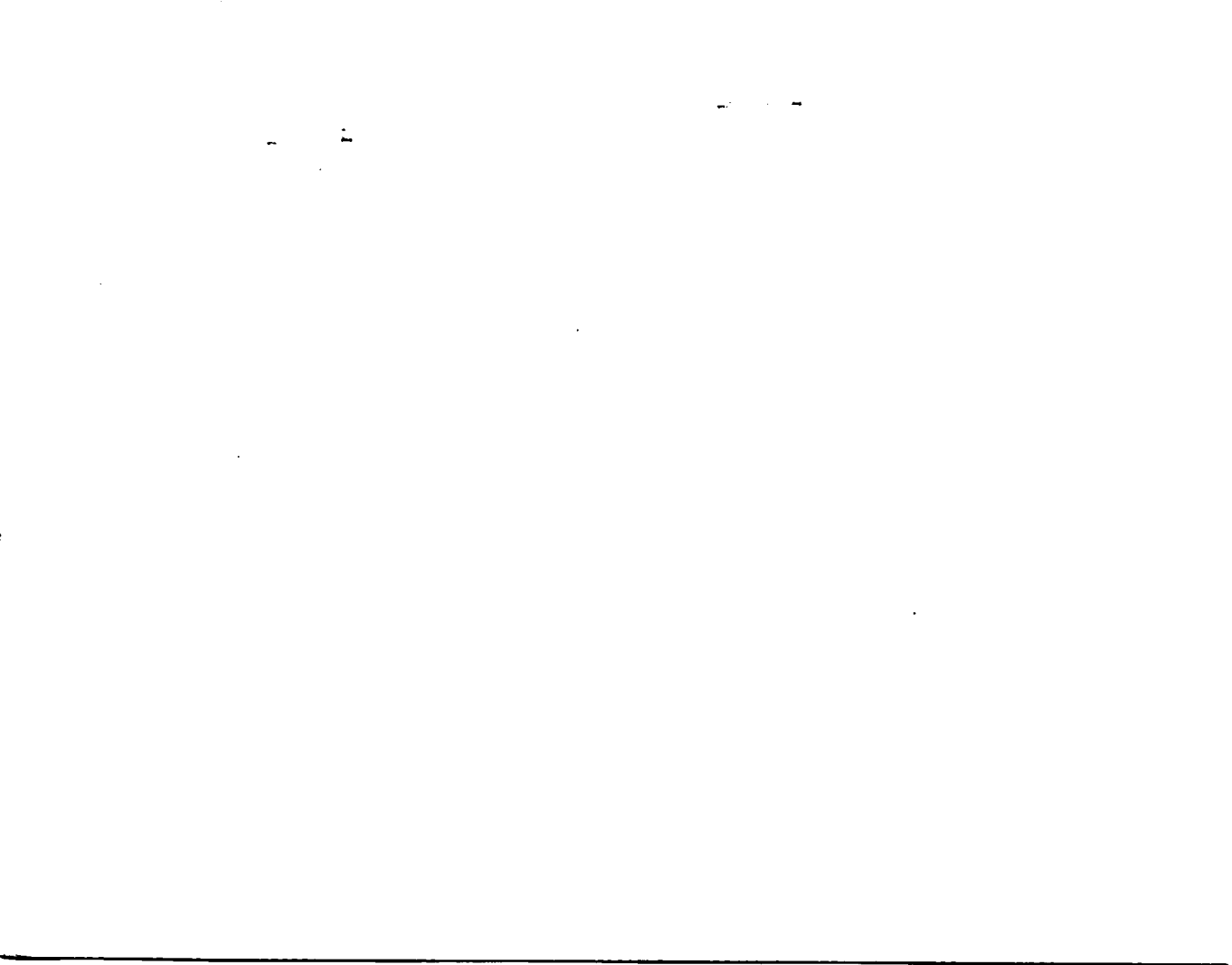
(Signature) Carl Warner D.O.

Physician  
(Physician or midwife)

Address Caldwell, Idaho

Filed 3-20 1933 John S. Meyer  
Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF Canyon 1933  
CITY OF Huston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

82864

State File No.

Registration District No. 3  
Primary Registration District No. 2005

Local Registrar's No. 30

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gragg(a) Residence. No. Huston R# 2 St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 13-33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
— — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Clarence Gragg

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Hazel Kimbar

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

20. FILED 3-17, 1933

John S. Meyer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-13 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to March 13, 1933.

I last saw him on March 13, 1933; death is said to have occurred on the date stated above, at 5:15 a.m.  
The principal cause of death and related causes of importance were as follows: Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl W. Warner M.D.(Address) Caldwell, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH Chicago APR 13 1933  
County of Franklin DEPARTMENT OF PUBLIC WELFARE  
City of Dayton BUREAU OF VITAL STATISTICS  
No. 138-223021-449 CERTIFICATE OF BIRTH 210816  
St. Registration District No. 27 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 46  
FULL NAME OF CHILD Stillborn athas  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u> (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>3-23-</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?     

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead      Stillborn 1

FATHER	MOTHER
FULL NAME <u>Wm. Athas</u>	FULL MAIDEN NAME <u>Sarah Durney</u>
Residence (Usual place of abode) <u>Dayton</u>	Residence (Usual place of abode) <u>Dayton</u>
If non-resident, give place and State <u>(Chicago)</u>	If non-resident, give place and State <u>    </u>
Color or race <u>W.</u> Age at last birthday <u>29</u> (Years)	Color or race <u>W.</u> Age at last birthday <u>25</u> (Years)
Birthplace <u>Grace Ida</u> (City and State or County)	Birthplace <u>Laborn Wyo.</u> (City and State or County)
Occupation <u>Cook</u>	Occupation <u>H.W.</u>

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 P. M.  
on the date above stated.

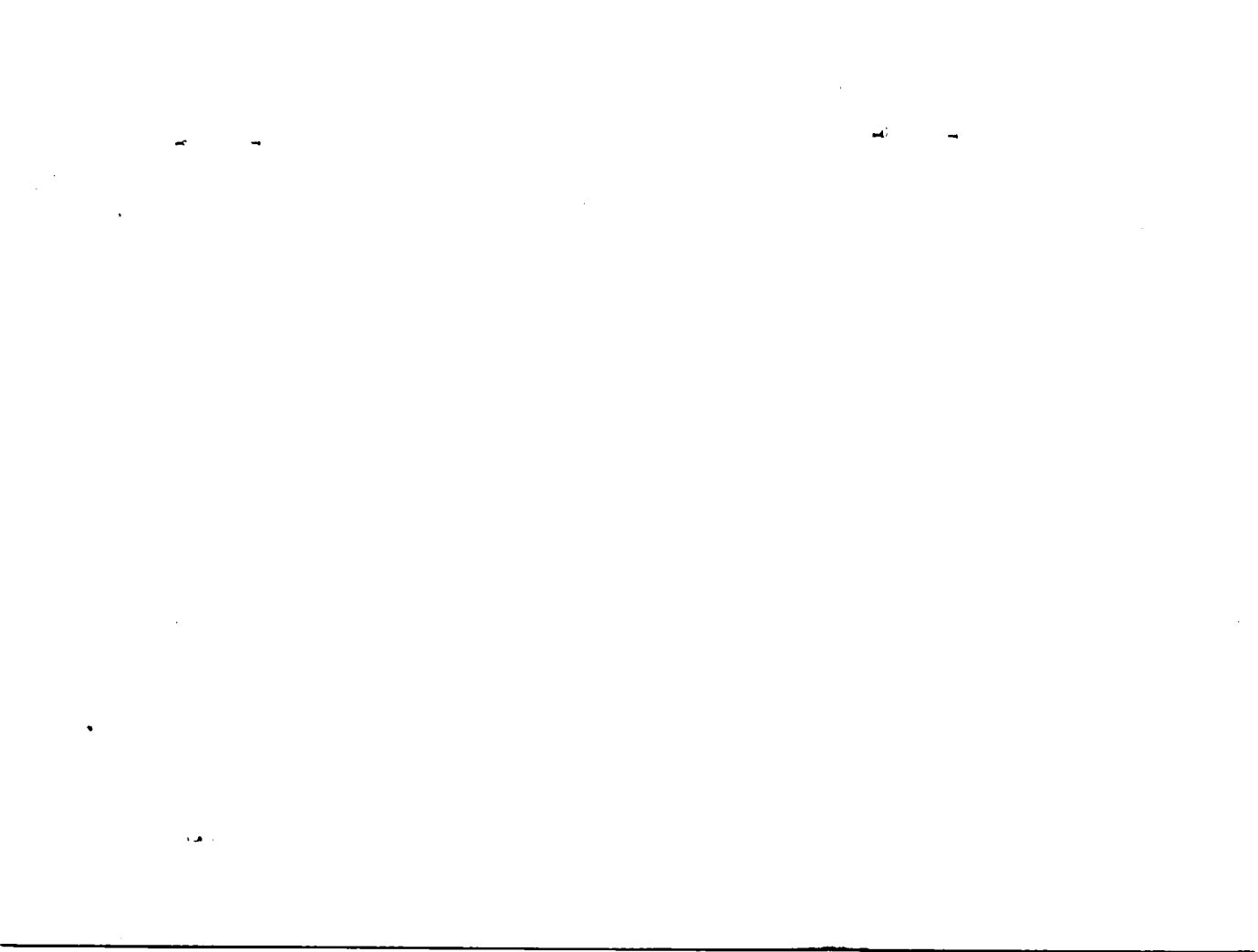
(Signature) A. R. Butler

(Physician or midwife)

Address Preston

Filed April 8 1933 G. W. Stiles  
Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED APR 13 1933 DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82894

State File No. ....

## PLACE OF DEATH

County of FranklinCity of Dayton

## CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No. ....)

Local Registrar's No. 22

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. ....

yrs.

mos.

ds.

(If nonresident give city or town and State.)  
How long in U. S. if of foreign birth? ....

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofNone6. DATE OF BIRTH (month, day and year) March 23, 1933

7. AGE

Years

Months

Days

If LESS than 1 day,  
..... hrs. or

..... min.

Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work.....(b) General nature of industry,  
business, or establishment in  
which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town)  
(State or country)Dayton Idaho

10. NAME OF FATHER

Wm Athas11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)Grace Idaho12. MAIDEN NAME OF MOTHER Sarah Durney13. BIRTHPLACE OF MOTHER (city or town)  
(State or County)Arborn Wyo

14.

Informant  
(Address)Wm Athas  
Dayton Idaho

15.

Filed April 8, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March231933

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 23, 1933 to March 23, 1933that I last saw her alive on stillborn, 19.....

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH was as follows:Still born  
Cause not determined

..... (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

..... (duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? ..... Date of.....

Was there an autopsy? .....

What test confirmed diagnosis?  
(Signed) J. R. Butler, M. D.

....., 19..... (Address) .....

19. Place of Burial, Cremation, or Removal

Dayton Idaho

Date of Burial

19

20. Undertaker

None

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner.** (b) **Cotton Mill;** (a) **Saleman,** (b) **Grocery;** (a) **Foreman,** (b) **Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home,** who are engaged in the duties of the household only (not paid **Housekeepers,** who receive a definite salary), may be entered as **Housewife, Housework, or At Home,** and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report **Typhoid pneumonia**"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.,** **Carcinoma, Sarcoma, etc.,** of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS,** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 13 1933

STATE OF IDAHO

County of Franklin  
City of Preston

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

210815

No. Gen. mem. 100p. St.

Registration District No. 27

State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2119 - Local Registrar's No. 45

FULL NAME OF CHILD

Stillborn Swainston  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u></u> (To be answered only in event of plural births)	and { Number in order of birth <u></u>	Legitimate? <u>Yes</u>	Date of birth <u>3-16-</u> <u>1933</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Dan Swainston  
Residence (Usual place of abode) Preston Idaho  
If non-resident, give place and State   
Color or race W. Age at last birthday 38 (Years)  
Birthplace Whitney Idaho (City and State or County)  
Occupation Barber

MOTHER  
FULL MAIDEN NAME Rita Littledyke  
Residence (Usual place of abode) Preston Idaho  
If non-resident, give place and State   
Color or race W. Age at last birthday 25 (Years)  
Birthplace Smithfield Utah (City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6 Pm M. on the date above stated.

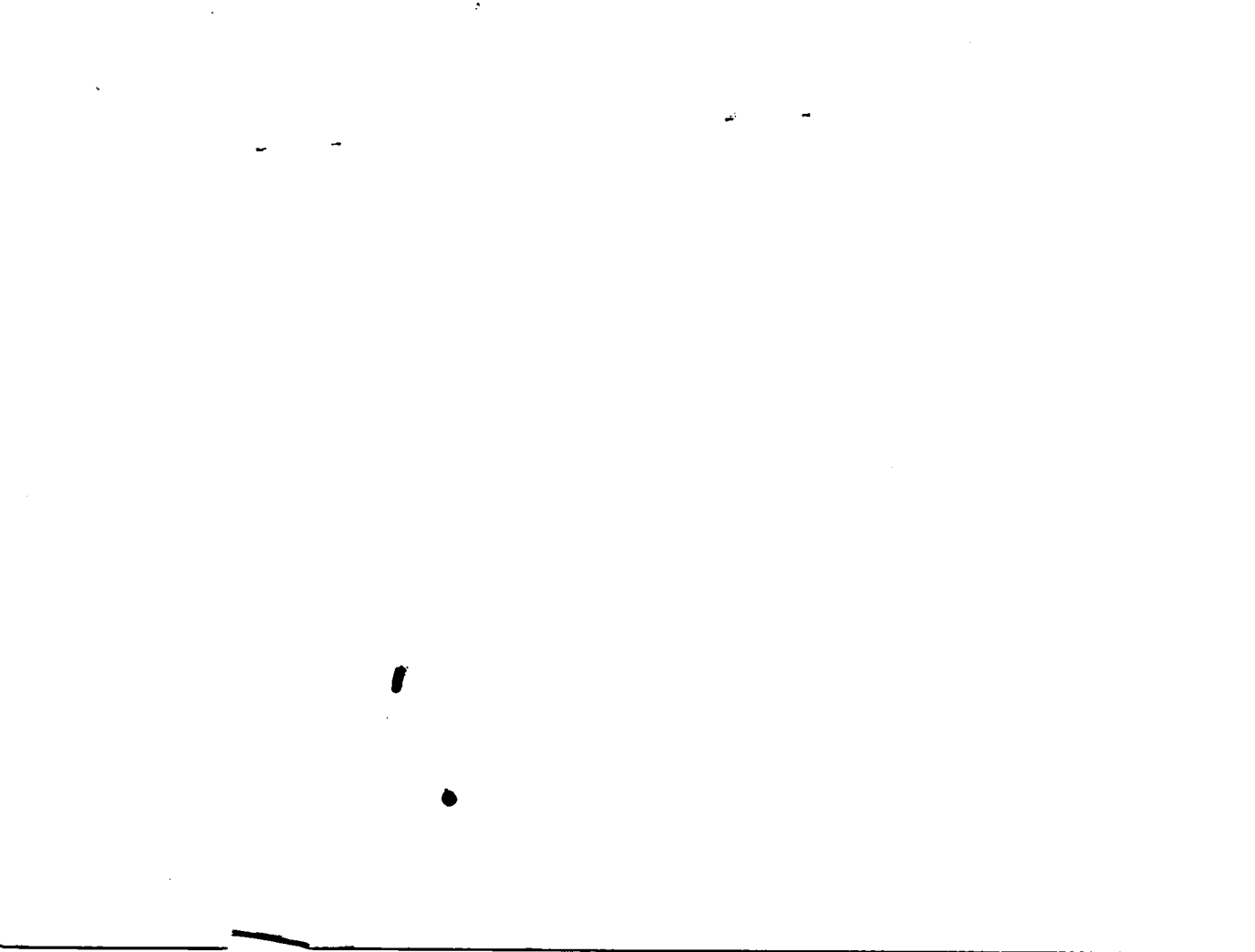
(Signature) R. P. Quiley

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Physician or midwife)

Address Preston Idaho

Filed April 8 1933 G. W. State Registrar.





RECEIVED APR 13 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82893

State File No. ....

PLACE OF DEATH

County of Franklin

City of Preston

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of Stillborn (or) WIFE of

6. DATE OF BIRTH (month, day and year) March 16 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho (State or country)

10. NAME OF FATHER Dan Swainston

11. BIRTHPLACE OF FATHER (city or town) Whitney Idaho (State or Country)

12. MAIDEN NAME OF MOTHER Rita Littledyke

13. BIRTHPLACE OF MOTHER (city or town) Nithfield Ut (State or Country)

14. Informant Dan Swainston (Address) Preston Idaho

15. Filed April 8 1933 G. W. States Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March

16th

1933

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:

Chorea Acute  
Still born

.....(duration) .....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.....(duration) .....yrs. ....mos. ....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. C. Cottle M. D.

....., 19..... (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal

Preston Idaho

Date of Burial

19

20. Undertaker

None

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

206

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR. 13 1933

County of Franklin  
City of Preston, Idaho  
No.                      St.                     

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

210824

CERTIFICATE OF BIRTH

S

Registration District No. 27 State File No.                       
(If born in hospital or institution give name.)  
Prim. Registration District No. 2119 Local Registrar's No. 62

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>March 23</u> , 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Felix Henry Edwards  
Residence (Usual place of abode) Preston  
If non-resident, give place and State                       
Color or race W Age at last birthday 21 (Years)  
Birthplace Masterton, New Zealand (City and State or County)  
Occupation Shoe Maker

MOTHER  
FULL MAIDEN NAME Viola Winger  
Residence (Usual place of abode) Preston  
If non-resident, give place and State                       
Color or race W Age at last birthday 19 (Years)  
Birthplace Preston, Idaho (City and State or County)  
Occupation Housekeeper

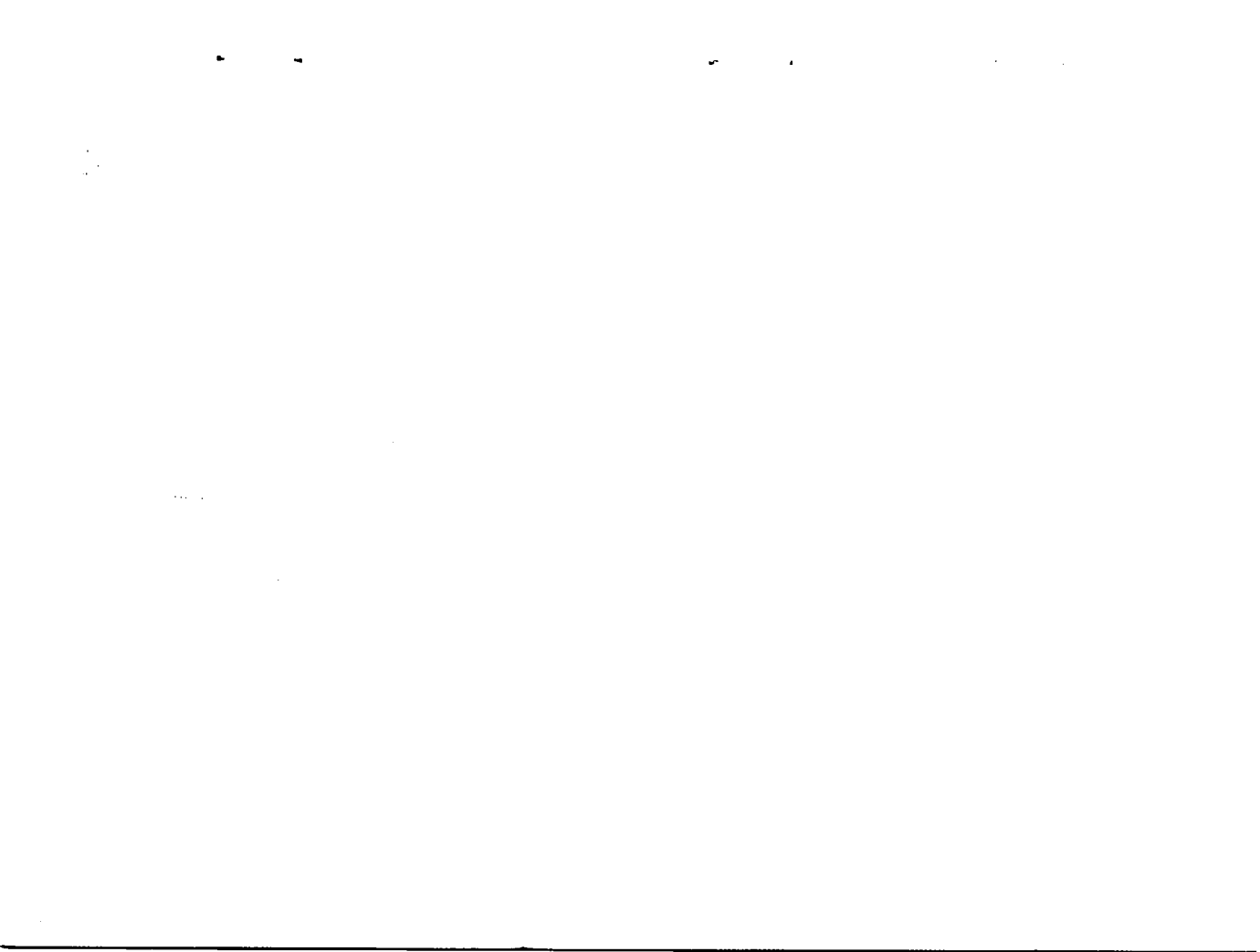
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 P. M. on the date above stated.

(Signature) Orson A. Davis

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Preston, Idaho  
Filed April 8, 1933 G. W. Statz Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH  
County of Franklin  
City of Preston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

87031

State File No. ....

Registration District No. 27  
Primary Registration District No. 2119

Local Registrar's No. 36

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Edwards

(a) Residence. No. .... St. ....  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (in the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 23 1935

7. AGE Years Months Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston  
(State or country)

13. NAME Felix Edwards

14. BIRTHPLACE (city or town) New Zealand  
(State or country)

15. MAIDEN NAME Viola Winger

16. BIRTHPLACE (city or town) Preston Idaho  
(State or country)

17. INFORMANT Felix Edwards  
(Address) Preston

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Idaho Date Mar 23 1935

19. UNDERTAKER None  
(Address)

20. FILED Jan 8, 1937 G. W. States  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 23 1935

22. I HEREBY CERTIFY, That I attended deceased from

Birth Mar 23 1935, to Mar. 23 1935

I last saw him alive on Mar 23 1935; death is said

to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance

were as follows: Asphyxia Neonatorum  
Placental Cord

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Prison & Home

(Signed) Preston Idaho, M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED

APR 13 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

County of Franklin  
City of Preston  
No.        St.       

CERTIFICATE OF BIRTH **210825**

Mem. Memorial Hospital  
(If born in hospital or institution give name.)

Registration District No. 27 State File No.         
Prim. Registration District No. 2119 Local Registrar's No. 59

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin <u>      </u> Triplet <u>      </u> or other? <u>      </u> and <u>      </u> Number in order of birth <u>      </u>	Legitimacy <u>Yes</u>	Date of birth <u>Mar 12 33</u> , 19 <u>      </u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 0  
Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Ernest Wilmer Olsen  
Residence (Usual place of abode) Preston Ida.  
If non-resident, give place and State         
Color or race White Age at last birthday 27 (Years)  
Birthplace Weston, Idaho (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Edrie Jane Biggs  
Residence (Usual place of abode) Preston, Idaho  
If non-resident, give place and State         
Color or race W Age at last birthday 26 (Years)  
Birthplace Franklin Ida. (City and State or County)  
Occupation Housekeeper

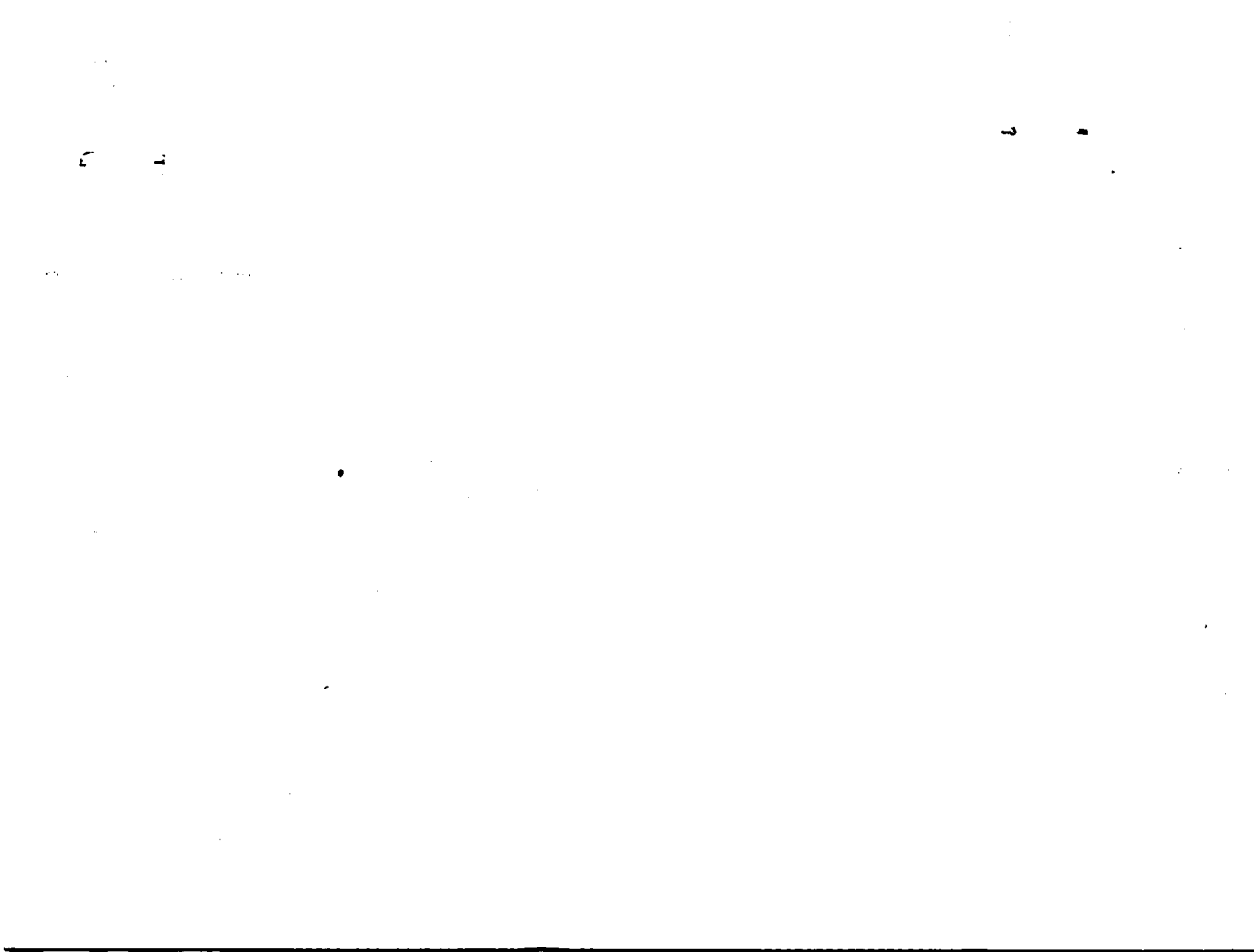
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive } at 12.40P M.  
on the date above stated. } Stillborn }

(Signature) Orson Dames  
Physician  
(Physician or midwife)

Address Preston, Idaho  
Filed April 8 1933 G. W. St. John  
Registrar.

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED APR 13 1933

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82896

State File No. ....

PLACE OF DEATH

County of Franklin

City of Preston

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

(No. ....)

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence. No. Preston

St. ....

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. — yrs. — mos. — ds. — How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Boy</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Stillbirth</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Stillbirth

6. DATE OF BIRTH (month, day and year) March 12 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>Stillbirth</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9. BIRTHPLACE (city or town) Preston, Idaho  
(State or country)

10. NAME OF FATHER  
Ernest Wilmer Olson

11. BIRTHPLACE OF FATHER (city or town) Weston, Ida.  
(State or Country)

12. MAIDEN NAME OF MOTHER Edrie Jane Biggs

13. BIRTHPLACE OF MOTHER (city or town) Franklin Ida.  
(State or Country)

14. Informant Ernest Wilmer Olson  
(Address) Preston Idaho

15. Filled April 8, 1933 G. W. Stiles  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
March 12, 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
Mar 12, 1933 to May 12, 1933  
that I last saw him live on Stillbirth 1933

and that death occurred, on the date stated above, at - m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:  
Fuchs. Crania Remov.

(duration) — yrs. — mos. — ds.

CONTRIBUTORY  
(Secondary)

(duration) — yrs. — mos. — ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Chylifer

(Signed) Ernest W. Olson M. D.

Mar 13, 1933 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal <u>Preston Idaho</u>	Date of Burial 19 <u>33</u>
--	--------------------------------

20. Undertaker <u>none</u>	Address <u>-</u>
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of .....** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Blaine  
City of RFD.  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

## CERTIFICATE OF BIRTH

210891

Registration District No. 24 State File No. \_\_\_\_\_(If born in hospital or institution  
give name.)Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 84FULL NAME OF CHILD Still-born Baby.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate <u>Yes</u>	Date of birth <u>2-24-</u> 19 <u>33</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? NoneNumber of child of this mother, including present birth 7 (a) Born alive and now living 6Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Joel Thompson</u> Residence (Usual place of abode) <u>Blaine</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>31</u> (Years) Birthplace <u>Idaho</u> (City and State or County) Occupation <u>farmer</u>	MOTHER FULL MAIDEN NAME <u>Theresa Behrens</u> Residence (Usual place of abode) <u>Blaine</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Chicago Ill</u> (City and State or County) Occupation <u>housewife</u>
--	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. M.  
on the date above stated.

(Signature) Mrs. Mrs. ThompsonNurse

(Physician or Midwife)

Address Blaine IdahoFiled 3-31- 1933 J.H. Cornwall

Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of	<i>Gooding</i>	Registration District No.	<i>24</i>	State File No.	<i>83921</i>
City of	<i>Bliss</i>	Primary Registration District No.		Local Registrar's No.	<i>219</i>
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		<i>Stillborn Baby</i>			
(a) Residence. No.		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs.	mos.	da.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<i>Female</i>	<i>white</i>	<i>Single</i>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <i>none</i>					
6. DATE OF BIRTH (month, day, and year) <i>2-24-33</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<i>Stillborn</i>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Bliss, Ida</i>					
FATHER					
13. NAME <i>Joel Thompson</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Ida</i>					
MOTHER					
15. MAIDEN NAME <i>Flora Behrens</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Chicago</i>					
17. INFORMANT (Address) <i>Mrs. Wm. Thompson</i>					
18. BURIAL, CREMATION, OR REMOVAL Place Date, 193					
19. UNDERTAKER (Address) <i>none</i>					
20. FILED <i>3-31-1933</i> <i>J. A. Curran</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 193					
22. I HEREBY CERTIFY, That I attended deceased from					
, 193, to, 193					
I last saw him alive on, 193: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<i>Stillborn</i>					
<i>Cause unknown</i>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <i>Mrs. Wm. Thompson</i> <i>Bliss, Ida</i>					
(Address)					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*[Handwritten notes on lined paper]*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED

APR 7 - 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

210895

County of Booming  
City of Booming  
No. Phelps / Kotel- St.

Registration District No. 24 State File No. ~

(If born in hospital or institution  
give name.)

Prim. Registration District No. 90 Local Registrar's No. 90

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti- mate? <u>ye</u>	Date of birth <u>3 / 14 / 1933</u> (Month) (Day) (Year)
--------------------------	---	---------	--------------------------------	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 2 Stillborn 1

FATHER FULL NAME <u>William Trimble Hayes</u>	MOTHER FULL MAIDEN NAME <u>Helma Lucile Evans</u>
--	--

Residence (Usual place of abode) Booming

If non-resident, give place and State

Color or race white Age at last Birthday 37 (Years)

Birthplace Idaho (City and State or County)

Occupation Painter

NAME OF ATTENDING PHYSICIAN OR MIDWIFE James O. Howell

I hereby certify that I attended the birth of this child, who was Stillborn at 3 30 A. M. on the date above stated

(Signature) James O. Howell

(Physician or midwife)

Address Booming, Idaho

Filed 3-31 1933 J. H. G. Howell

Registrar.

\*Where there was an attending physician or midwife, the father, householder, etc., should make return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

100-443884

MEMPHIS 40 374 207TH

14-00000

14-00000

11-10-1964

10-22-68

CONFIDENTIAL

... of this matter, including present and future ...

SECRET

.....

10-10-68

*[Faint, illegible text at the bottom of the page]*

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10-10-2001 BY 60322 UCBAW

SECRET

**SECRET**

1. The first of the three is the "Moral Reform" movement, which was the most widespread and the most influential. It was a movement of the middle class, and its aim was to reform the moral habits of the people. It was a movement of the middle class, and its aim was to reform the moral habits of the people.

TODDSON(2)

10-10-54

STANDARD-A

...the rails will be made after war



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 7 - 1933

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of GoodingCity of GoodingRegistration District No. 24

Primary Registration District No. \_\_\_\_\_

State File No. 83922Local Registrar's No. 218

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

3-14-33

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.00000

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Gooding Idaho

FATHER

13. NAME

William Lumber/Kayser14. BIRTHPLACE (city or town)  
(State or country)Texas

MOTHER

15. MAIDEN NAME

Thelma Lucile Jones16. BIRTHPLACE (city or town)  
(State or country)Kansas17. INFORMANT  
(Address)W. T. Kayser

18. BURIAL, CREMATION, OR REMOVAL

Place

Gooding

Date

\_\_\_\_\_, 1933

19. UNDERTAKER  
(Address)J. H. Jensen20. FILED 3-31-, 1933J. H. Jensen

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

3-14, 1933, to 3-14, 1933I last saw him alive on \_\_\_\_\_, 1933: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn  
Deficiency of foetus  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. H. Jensen, M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

THIS CARD IS TO BE FILLED OUT BY THE MIDWIFE ATTENDING THE BIRTH OF THE CHILD. IT IS TO BE SENT TO THE HEALTH DEPARTMENT WITH THE BIRTH CERTIFICATE. IT IS NOT TO BE SENT TO THE LOCAL HEALTH DEPARTMENT.

[When there was no attending physician or midwife, then the father, householder, etc. should make this return.]

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

I hereby certify that I attended the birth of this child, who (Name) \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

Period of gestation \_\_\_\_\_

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

27. Number of children of this mother \_\_\_\_\_

17. Total time (years) \_\_\_\_\_

16. Date (month and year) \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookbinder, etc. \_\_\_\_\_

13. Birthplace (city or place) \_\_\_\_\_

12. Age at last birthday (years) \_\_\_\_\_

11. Color or race \_\_\_\_\_

10. Residence (usual place of abode) \_\_\_\_\_

9. Full name \_\_\_\_\_

8. Sex \_\_\_\_\_

7. Date of birth \_\_\_\_\_

6. Full name of mother \_\_\_\_\_

5. Full name of father \_\_\_\_\_

4. Date of birth \_\_\_\_\_

3. Sex \_\_\_\_\_

2. Full name of child \_\_\_\_\_

1. Date of birth \_\_\_\_\_

# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

28. If stillborn, \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_

30. Date (month and year) \_\_\_\_\_

31. Date (month and year) \_\_\_\_\_

32. Date (month and year) \_\_\_\_\_

33. Date (month and year) \_\_\_\_\_

34. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

35. Trade, profession, or particular kind of work done, as housekeeper, teacher, nurse, clerk, etc. \_\_\_\_\_

36. Birthplace (city or place) \_\_\_\_\_

37. Age at last birthday (years) \_\_\_\_\_

38. Color or race \_\_\_\_\_

39. Residence (usual place of abode) \_\_\_\_\_

40. Full name \_\_\_\_\_

41. Sex \_\_\_\_\_

42. Date of birth \_\_\_\_\_

43. Full name of mother \_\_\_\_\_

44. Full name of father \_\_\_\_\_

45. Date of birth \_\_\_\_\_

46. Sex \_\_\_\_\_

47. Full name of child \_\_\_\_\_

RECEIVED APR 5 1933

## CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

83928

## 1. PLACE OF DEATH

County of Idaho  
City of FerdinandRegistration District No. 105  
Primary Registration District No. 2183  
(No. \_\_\_\_\_ St.)File No. \_\_\_\_\_  
Registered No. 14

If death occurs away from usual residence, give facts called for under special information.

## 2. FULL NAME

John Sarbacher (Stillborn)

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word.)6. DATE OF BIRTH Mar. 12 1933  
(Month) (Day) (Year)7. AGE 1 Yrs. 1 Mos. 1 ds. IF LESS than 1 day how many 1 hrs. or 1 min.?

## 8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓  
(b) General nature of industry, business or establishment in which employed (or employer)9. BIRTHPLACE Ferdinand, Idaho  
(State or Country)10. NAME OF FATHER Anton Sarbacher11. BIRTHPLACE OF FATHER Perham, Minn.  
(State or Country)12. MAIDEN NAME OF MOTHER Rosa Riedinger13. BIRTHPLACE OF MOTHER Houston, Texas  
(State or Country)14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Anton Sarbacher  
(Address) Ferdinand, Idaho15. Filed Mar. 13 1933 H. F. Orr Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar. 12 1933  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above, at 9:15 P. M.The CAUSE OF DEATH\* was as follows:  
I had 6 1/2 months gestation. Death of man likely due to debilitated of mother.  
(Duration) \_\_\_\_\_ Yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) Healey F. Orr M. D.  
3/12 1933 (Address) Cottonwood, Ida.

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19. PLACE OF BURIAL OR REMOVAL Ferdinand, Ida. DATE OF BURIAL 3-13 193320. UNDERTAKER Father Keyes Ferdinand, Ida. ADDRESS \_\_\_\_\_

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED MAR 22 1933**

County of Jerome  
City of Jerome  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 18 State File No. 210933

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Richard

3. Sex

male

If plural  
births

4. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legiti-

8. Date of

birth Jan 20, 1933

(MONTH, DAY, YEAR)

5. Number, in order of birth \_\_\_\_\_

Full term yes mate? yes

9. Full  
name

FATHER

Fred Edw Otto

18. Full  
maiden  
name

MOTHER

Rose Wyckoff

10. Residence (usual place of abode)  
(If non-resident, give place and State) \_\_\_\_\_

19. Residence (usual place of abode)  
(If non-resident, give place and state) \_\_\_\_\_

11. Color or race W 12. Age at last birthday 46 (years)

20. Color or race W 21. Age at last birthday 41 (years)

13. Birthplace (city or place) \_\_\_\_\_  
(State or country) Wisconsin

22. Birthplace (city or place) \_\_\_\_\_  
(State or country) OKla

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last  
engaged in this work \_\_\_\_\_

17. Total time (years)  
spent in this work \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. House wife

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last  
engaged in this work \_\_\_\_\_

26. Total time (years)  
spent in this work \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn,  
period of gestation \_\_\_\_\_ { months  
or weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) Chas F Zeller, M. D.

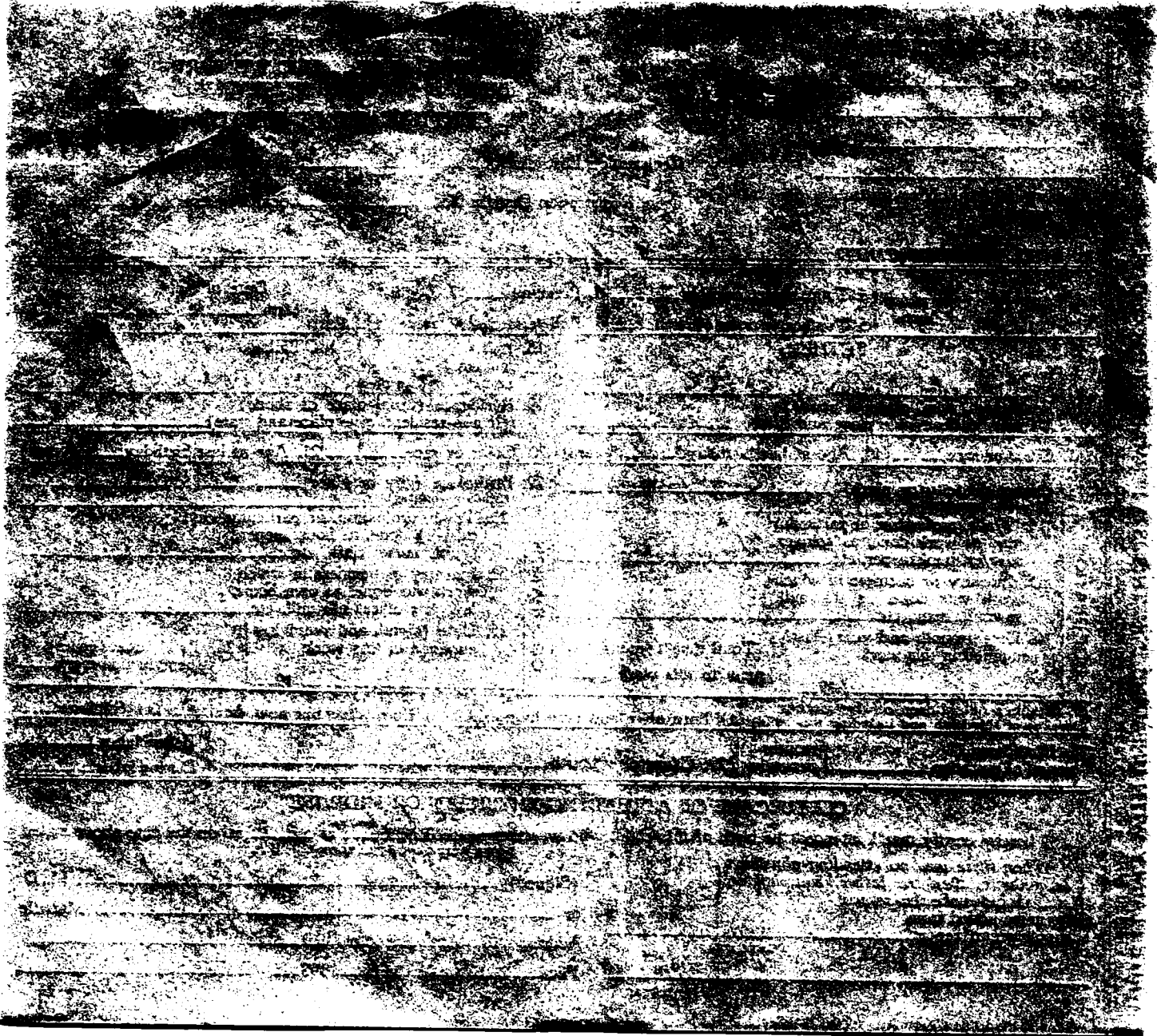
or \_\_\_\_\_, Midwife

Address Jerome Idaho

Filed 3/20, 1933 Chas F Zeller

Registrar.

Jane Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 22 1933 STATE OF IDAHO  
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF Jerome  
CITY OF Jerome  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

83938

State File No.

Registration District No. 18

Primary Registration District No.

Local Registrar's No.

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Bay Otto(a) Residence. No. 4 mi N.E. Jerome St.(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Jan 20 - 337. AGE Years 5 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho  
(State or country)13. NAME Fred Otto14. BIRTHPLACE (city or town) Wise  
(State or country)15. MAIDEN NAME Rose Wyckoff16. BIRTHPLACE (city or town) Okla.  
(State or country)17. INFORMANT Fred Otto  
(Address) Jerome Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Jerome Cem Date Jan 21, 193319. UNDERTAKER J. P. Zeller  
(Address) Jerome Idaho20. FILED 1/21, 1933 J. P. Zeller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1933, to \_\_\_\_\_, 1933.

I last saw him alive on \_\_\_\_\_, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance

were as follows:

Still Born infant  
Turn Pregnancy  
2nd Born  
Constriction of cord  
in uterus with absence  
of circulation.

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. P. Zeller, M. D.(Address) Jerome, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
<b>Other CONTRIBUTORY CAUSES of importance:</b>	
<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison  
City of Jugan  
No. 1 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **210986**

Registration District No. 100 State File No. 1

(If born in hospital or institution give name.)

Prim. Registration District No. 2128 Local Registrar's No. 55

2. FULL NAME OF CHILD

3. Sex Male If plural births 1 4. Twin, triplet, or other 1 6. Premature 1 7. Legitimate 1 8. Date of birth 3-7, 1933  
(MONTH, DAY, YEAR)

9. Full name William Roland Hubbard FATHER 18. Full maiden name Margaret Trins Hubbard MOTHER

10. Residence (usual place of abode) Clementaville 19. Residence (usual place of abode) Clementaville  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 3.2 (years) 20. Color or race White 21. Age at last birthday 3.2 (years)

13. Birthplace (city or place) Pendleton Ore. 22. Birthplace (city or place) Elmore Nev.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife

16. Date (month and year) last engaged in this work 3-7, 1933 17. Total time (years) spent in this work 3-7, 1933 25. Date (month and year) last engaged in this work 3-7, 1933 26. Total time (years) spent in this work 3-7, 1933

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 9 29. Cause of stillbirth Crutch presentation Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:55 P.M. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

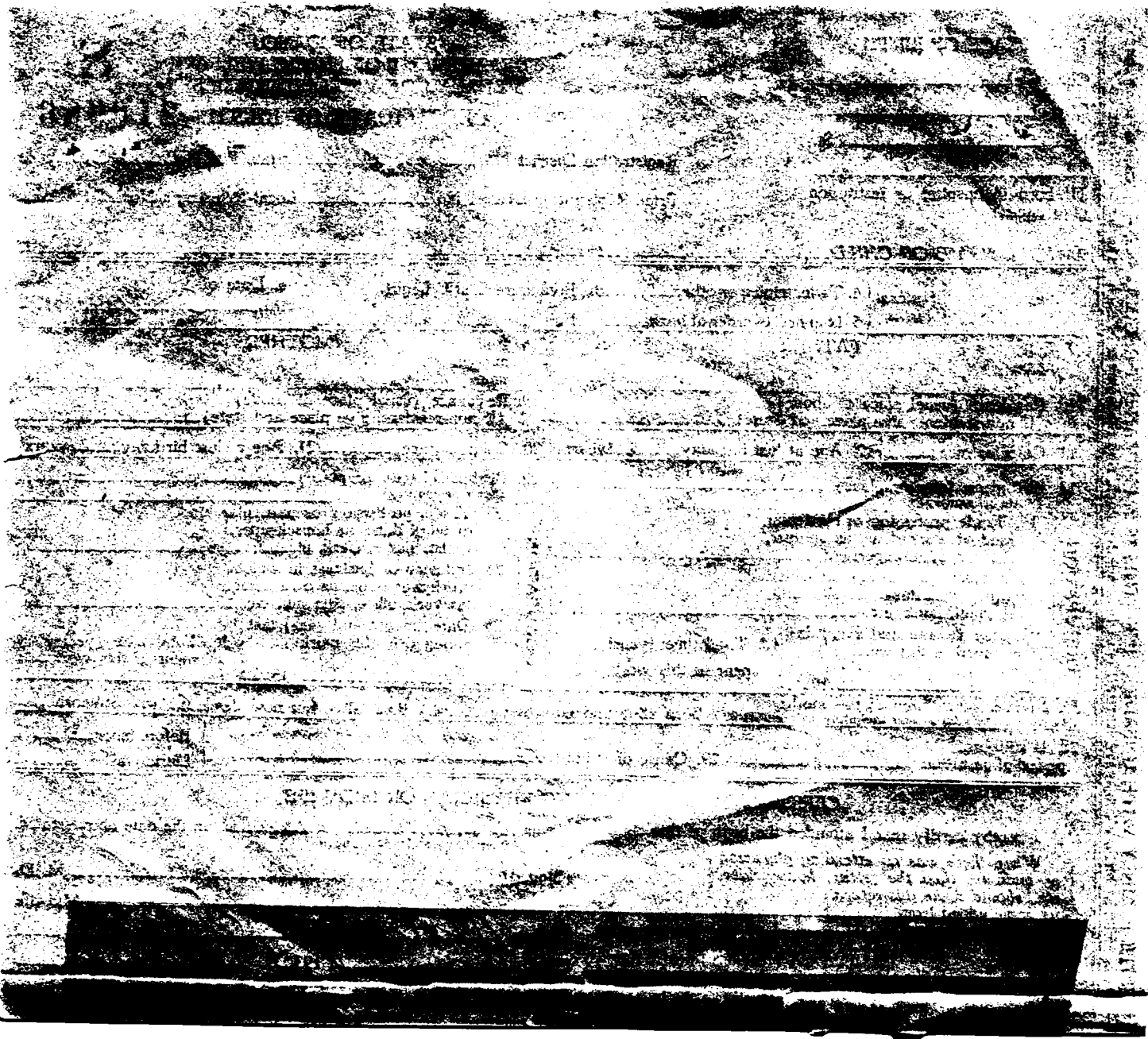
(Signed) A. R. Rutland, M. D.

or Rebecca J. Adams Midwife

Address 4-6, 1933 Idaho

Filed 4-6, 1933 Idaho

Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 12 1933  
PLACE OF DEATH  
Vermont

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

83902

State File No. ....

County of .....

City of St. AnthonyRegistration District No. 99Primary Registration District No. 2177Local Registrar's No. 104

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Baby) Hubbard(a) Residence. No. St. Anthony, Idaho. St. ....

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 7-1933

7. AGE Years XXXX Months XXXX Days One If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Anthony, Idaho.  
(State or country)

13. NAME William R. Hubbard

14. BIRTHPLACE (city or town) Pendleton, Ore.  
(State or country)

15. MAIDEN NAME Margaret R. Ard

16. BIRTHPLACE (city or town) Elmore, Kansas.  
(State or country)

17. INFORMANT W. R. Hubbard  
(Address) St. Anthony, Idaho Route 1

18. BURIAL, CREMATION, OR REMOVAL  
Place Willard Date Mar. 8-1933

19. UNDERTAKER  
(Address) St. Anthony, Idaho.

20. FILED Mar 8, 1933 Sarah Munk  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 7 193

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1933, to Mar 7, 1933

I last saw him alive on Mar 7, 1933; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Still born  
Probably due to  
Brach presentation and  
torsion of cord  
Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193

Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. R. Hubbard M. D.(Address) Pendleton, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Deer River

City of Emmett

No. St. Josephs St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Mary Wesselman

3. Sex female

If plural births

4. Twin, triplet, or other born

5. Number, in order of birth 2

6. Premature

Full term yes

7. Legitimate

mate? yes

8. Date of birth 3/26, 1933  
(MONTH, DAY, YEAR)

9. Full name

FATHER

Eugene Wesselman

10. Residence (usual place of abode)  
(If non-resident, give place and State) Emmett, Id.

11. Color or race White

12. Age at last birthday 39 (years)

13. Birthplace (city or place)  
(State or country) Payette, Id.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. Express Co.

16. Date (month and year) last engaged in this work 3/26, 1933

17. Total time (years) spent in this work 9

18. Full maiden name

MOTHER

Matilda John

19. Residence (usual place of abode)  
(If non-resident, give place and State) same

20. Color or race White

21. Age at last birthday 34 (years)

22. Birthplace (city or place)  
(State or country) Colton, Wash.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work 3/26, 1933

26. Total time (years) spent in this work 11

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation Full term months or weeks

29. Cause of stillbirth premature separation placenta

Before labor yes  
During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 4 p.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. J. M. Lyle, M. D.

or \_\_\_\_\_, Midwife

Address Emmett, Id.

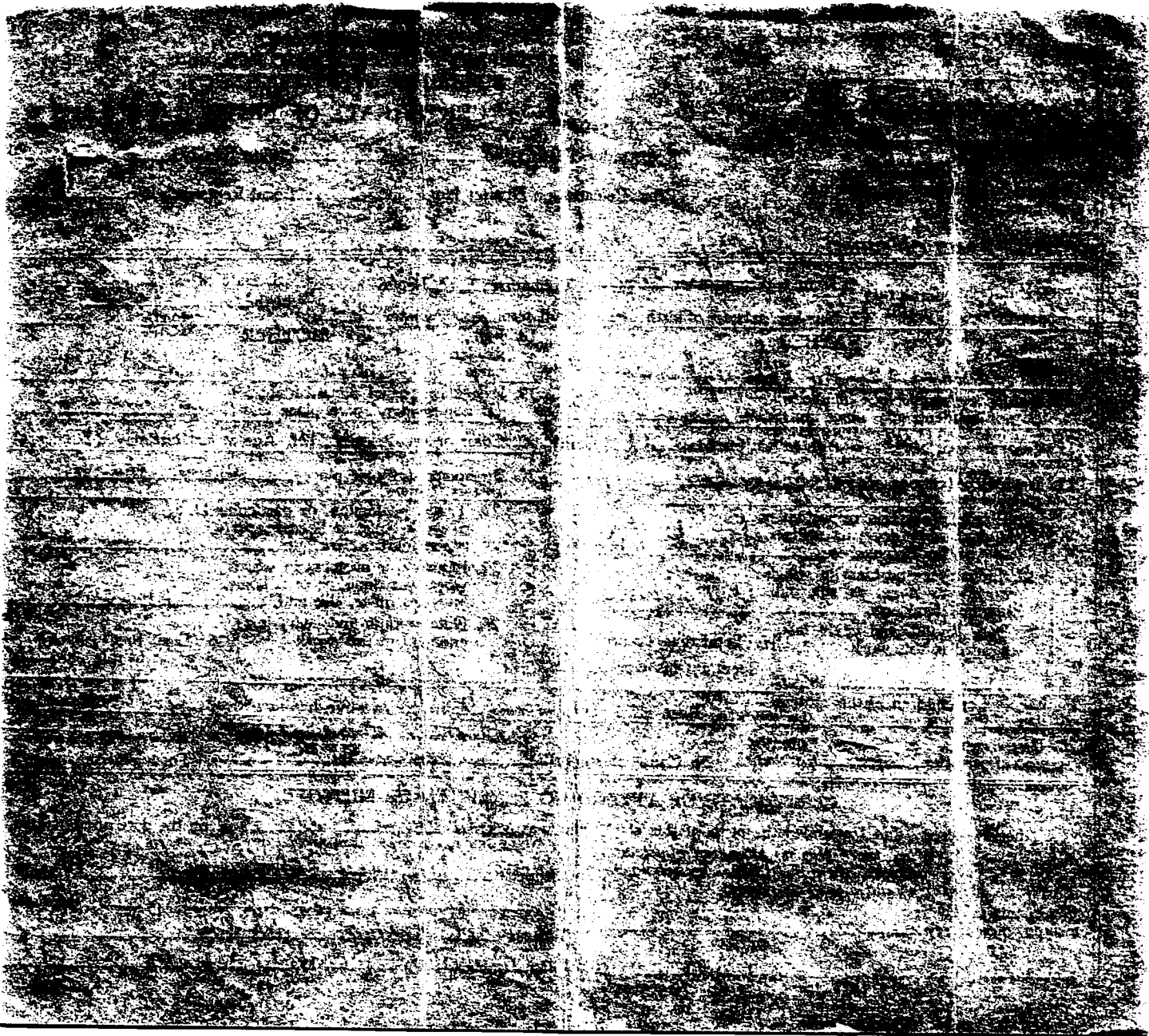
Filed April 3, 1933

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF)

Registrar.

Registrar.

J. M. Lyle  
Ex. G. M.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933

## PLACE OF DEATH

County of Nez Perce

City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. Dr Joseph Hospiatl

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Daughter Mr &amp; Mrs Eugene Wesselman

(a) Residence. No. 1444- G Street

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,  
or Divorced, (write the word)  
Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 26-1933

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

0

0

0

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho

13. NAME Eugene H Wesselman

14. BIRTHPLACE (city or town) Ill.  
(State or country)

15. MAIDEN NAME Tillie Johne

16. BIRTHPLACE (city or town) Washington  
(State or country)17. INFORMANT E.H. Wesselman  
(Address) Lewiston Idaho.18. BURIAL, CREMATION, OR REMOVAL  
Place Lewiston Idaho Date 3/27/33, 193319. UNDERTAKER Vassar Mortuary Inc  
(Address) Lewiston Idaho.

20. FILED Mar 27 1933

Registrar.

DO NOT WRITE IN THIS SPACE

83994

State File No.

Local Registrar's No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/26/33 193

22. I HEREBY CERTIFY, That I attended deceased from  
at Lewiston, 1933, to 1933

I last saw him alive on 1933: death is said

to have occurred on the date stated above, at 1933.

The principal cause of death and related causes of importance  
were as follows:

Date of onset

Detached Placenta:  
(Still Birth)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Lewiston - Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH  
County of Nez Perce  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH **211034**

No. St. Joseph Registration District No. 1009 State File No. 211034  
(If born in hospital or institution give name.) Stillborn Prim. Registration District No. 96 Local Registrar's No.       

2. FULL NAME OF CHILD Tada Pauline Parsley

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>      </u>	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar. 12, 1933</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>      </u>	Full term <u>      </u>		

9. Full name FATHER <u>David Parsley</u>		18. Full maiden name MOTHER <u>Lola May Austin</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Ilwaco, Ore.</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Ilwaco, Ore.</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>23</u> (years)		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or country) <u>Idaho</u>		22. Birthplace (city or place) (State or country) <u>Oregon</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>      </u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>      </u>		25. Date (month and year) last engaged in this work <u>      </u>	
16. Date (month and year) last engaged in this work <u>      </u>		26. Total time (years) spent in this work <u>      </u>	
17. Total time (years) spent in this work <u>      </u>		19. <u>      </u>	

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation        months or weeks 29. Cause of stillbirth       

Before labor         
During labor       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

(Signed) Dr. Charles J. M. D.

or        Midwife

Address Clinic - Lewiston, Ida.

Filed Mar 30, 1933 J. M. Dyle

By G. M. Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report (DATE OF)



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

83984

State File No.

County of **Nezperce**

City of **Lewiston**

Registration District No. **1009**

Primary Registration District No. **96**

Local Registrar's No.

(No. **St Joseph Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Vava Pauline Parsley**

(a) Residence. No. **Flora** St. **Oregon**

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Mar 12, 1933**

7. AGE Years Months Days If LESS than 1 day, hrs.  
**Stillborn**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Lewiston, Ida.**

13. NAME **Dave Parsley**

14. BIRTHPLACE (city or town) (State or country) **Lewiston, Idaho**

15. MAIDEN NAME **Lola May Austin**

16. BIRTHPLACE (city or town) (State or country) **Flora, Oregon**

17. INFORMANT **Dave Parsley**  
(Address) **Flora, Oregon.**

18. BURIAL, CREMATION, OR REMOVAL Place **Clarkston, Wash.** Date **3/13/33** 193

19. UNDERTAKER **H.R. Merchant**  
(Address) **Clarkston, Wash.**

20. FILED **3-20**, 1933 **J-M Tyle**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **3/12** 1933

22. HEREBY CERTIFY, That I attended deceased from **3/12** 1933, to **3/12** 1933

I last saw him alive on **3/12**, 1933; death is said to have occurred on the date stated above, at **11:10 P.M.**  
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation **None** Date of **3/12**

What test confirmed diagnosis? **✓** Was there an autopsy? **✓**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **✓** Date of injury **3/12**, 1933.

Where did injury occur? **✓**  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **✓**

Nature of injury **✓**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **P. J. Tyle**, M. D.

(Address) **Lewiston, Ida.**

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLAQUE OF BIRTH APR 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

211044

CERTIFICATE OF BIRTH

County of Quincy  
City of Malad  
No. .... St.

Registration District No. 26 State File No. ....

(If born in hospital or institution  
give name.)

Prim Registration District No. 2069 Local Registrar's No. 21

FULL NAME OF CHILD Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>Feb. 14</u> 19 <u>33</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Az. 270

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>Merlin Hard</u>	FULL MAIDEN NAME <u>Viola Thomas</u>		
Residence (Usual place of abode) <u>Malad</u>	Residence (Usual place of abode) <u>M</u>		
If non-resident, give place and State	If non-resident, give place and State		
Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Hoodruff, Ida.</u>	Birthplace <u>Malad, Ida.</u>		
(City and State or County)	(City and State or County)		
Occupation <u>P. C. man</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 A.M.  
on the date above stated.  
(Signature) W. P. Garret

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Malad City, Idaho  
Filed 3/31/33 E. M. Kins  
Registrar.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

(If different, substitute the word "stillborn" for name of child)  
Name of child \_\_\_\_\_ Sex of child \_\_\_\_\_  
Date of birth \_\_\_\_\_ (Month) (Day) (Year)  
Place of birth \_\_\_\_\_

What pathological condition was used to prevent (epidemiological investigation)?  
\_\_\_\_\_

Number of child of this mother including previous births \_\_\_\_\_  
Mother's name \_\_\_\_\_  
Father's name \_\_\_\_\_

Place of birth \_\_\_\_\_  
If different, give place and date \_\_\_\_\_

Color of hair \_\_\_\_\_ Age at last birthday \_\_\_\_\_  
Color of eyes \_\_\_\_\_ (Years)  
Height \_\_\_\_\_  
Weight \_\_\_\_\_

Occupation \_\_\_\_\_  
City and State of birth \_\_\_\_\_  
Certificate of attending physician or midwife \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

(Signature)  
Physician or midwife \_\_\_\_\_

Filed \_\_\_\_\_ 19\_\_\_\_  
Address \_\_\_\_\_  
Registrar \_\_\_\_\_

\*Where there was no attending physician or midwife, then the latter household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED BY THE STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
JAN 10 1911



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 9 1933 STATE OF IDAHO  
PLACE OF DEATH -- DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 82655

County of OneidaCity of MaladRegistration District No. 2069Primary Registration District No. 2069Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Ward(a) Residence. No. Malad St. Malad Idaho

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 19 1933

7. AGE Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad (State or country) Idaho13. NAME George M Ward14. BIRTHPLACE (city or town) Waldruff (State or country) Ida15. MAIDEN NAME Viola Thomas16. BIRTHPLACE (city or town) Malad (State or country) Idaho17. INFORMANT George M Ward (Address) Malad Idaho18. BURIAL, CREMATION, OR REMOVAL Burial Place Malad Idaho Date Feb 20, 193319. UNDERTAKER J. M. Kerns (Address) Malad Idaho20. FILED 7/28, 1933 J. M. Kerns Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19 193322. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933, to Feb 19, 1933.I last saw her alive on Feb 19, 1933; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Stillborn. Premature separation of placenta. placenta present.

Other contributory causes of importance:

Name of operation none Date of Feb 19What test confirmed diagnosis? none Was there an autopsy? ✓23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? none Date of injury Feb 19, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) W. P. Gasset, M. D.(Address) Malad, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED APR 11 1933**

County of **SHOSHONE**

City of **KINGSTON**

No. **NONE** St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **211069**

Registration District No. **12-3** State File No.

Prim. Registration District No. **2291** Local Registrar's No. **27**

2. FULL NAME OF CHILD **BABY HUNT**

3. Sex **FEMALE** If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? **YES** 8. Date of birth **3-14-33**, 1933 (MONTH, DAY, YEAR)

9. Full name **FATHER** **ALFONSO CHARLES HUNT** 18. Full maiden name **MOTHER** **ESTELLA BLANCHE REINHOLD**

10. Residence (usual place of abode) **KINGSTON** 19. Residence (usual place of abode) **KINGSTON**  
(If non-resident, give place and State)

11. Color or race **AM.** 12. Age at last birthday **36** (years) 20. Color or race **AM.** 21. Age at last birthday **33** (years)

13. Birthplace (city or place) **KINGSTON, IDAHO** 22. Birthplace (city or place) **NEBRASKA**  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **FARMER** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work **PRESENT** 19 \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19 \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **0** (b) Born alive but now dead **0** (c) Stillborn **1**

28. If stillborn, **nine** months { 29. Cause of stillbirth \_\_\_\_\_ } Before labor \_\_\_\_\_  
period of gestation \_\_\_\_\_ or weeks \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **STILLBORN** at **7:00 A.** on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF)

(Signed) **J. R. Mason**, M. D.

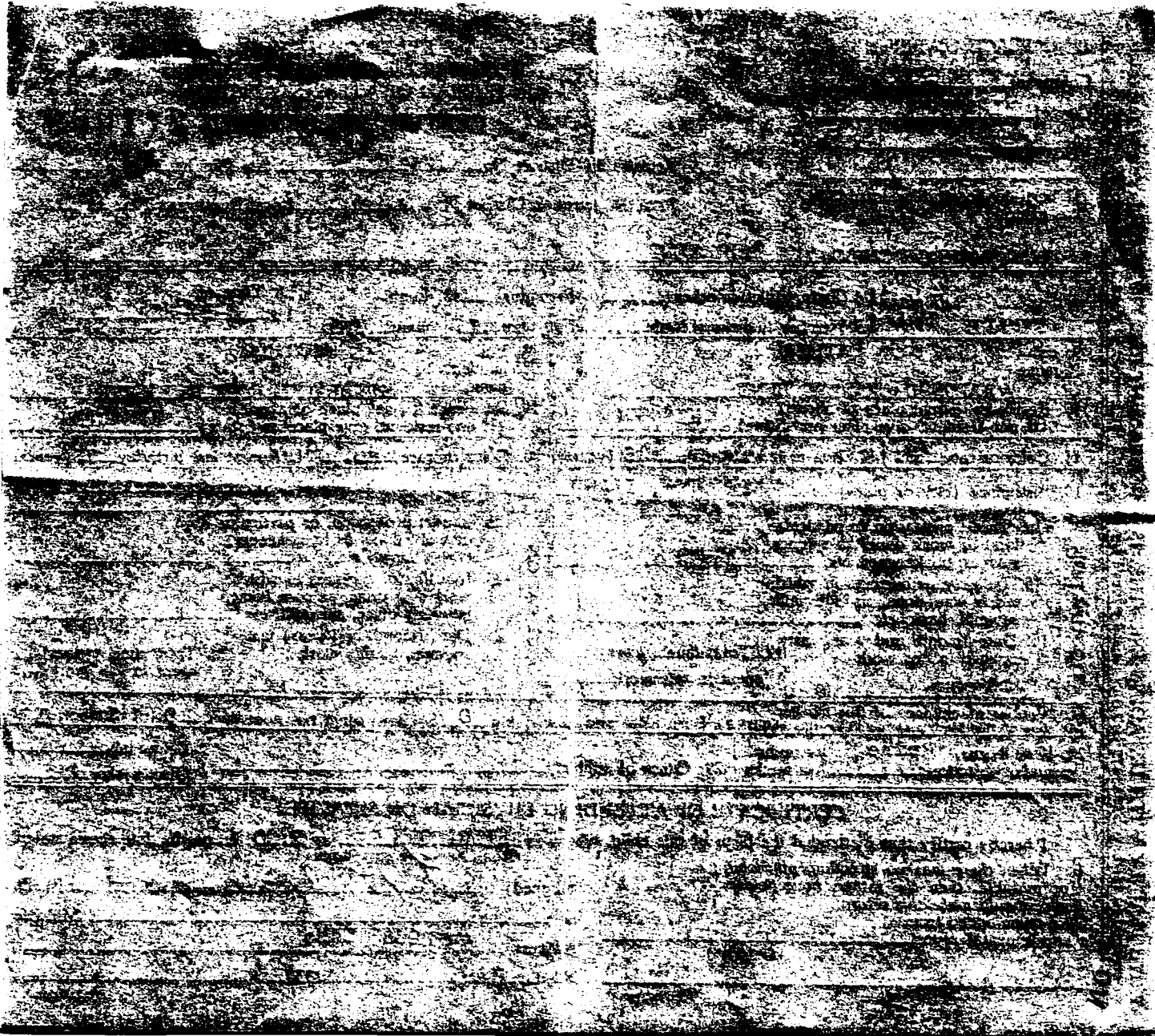
or \_\_\_\_\_, Midwife

Address **KELLOGG Idaho**

Filed **Apr. 1**, 1935 **Mrs. Helen M. 92nd**

Registrar.

Registrar.



912 228 040 - 466

1. PLACE OF BIRTH

County of SHOSHONECity of KELLOGG

No. \_\_\_\_\_ St.

NONE

(If born in hospital or institution give name.)

RECEIVED, APR 11 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

S  
211071Registration District No. 123

State File No. \_\_\_\_\_

Prim. Registration District No. 2201Local Registrar's No. 312. FULL NAME OF CHILD BABY GIRL RASMUSSENStillborn

3. Sex

GIRLIf plural  
births

4. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legiti-

8. Date of

birth 3-28-33, 193

(MONTH, DAY, YEAR)

Full term YES mate? YES9. Full  
name

FATHER

MELIS K. RASMUSSEN18. Full  
maiden  
name

MOTHER

EDITH DOW

10. Residence (usual place of abode)

(If non-resident, give place and State) KELLOGG

19. Residence (usual place of abode)

(If non-resident, give place and state) KELLOGG11. Color or race AM.12. Age at last birthday 41 (years)20. Color or race AM.21. Age at last birthday 48 (years)13. Birthplace (city or place)  
(State or country)NEBRASKA22. Birthplace (city or place)  
(State or country)NEW BRUNSWICK

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.JANITOR15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.16. Date (month and year) last  
engaged in this workPRESENT, 1917. Total time (years)  
spent in this work \_\_\_\_\_

OCCUPATION

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.Housewife24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year) last  
engaged in this work26. Total time (years)  
spent in this work \_\_\_\_\_

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 128. If stillborn, nine

months

period of gestation \_\_\_\_\_

or weeks

29. Cause of stillbirth premature detachment ofplacentaBefore labor before

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was STILLBORN at 4:00 AM on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) \_\_\_\_\_

M. D.

or \_\_\_\_\_

Midwife

Address KELLOGG IdahoFiled Apr 1, 1933Mrs. Helen M. Baird  
Registrar.

Registrar.

MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84024

State File No.

County of Kootenai

City of Helley

Registration District No. 123

Primary Registration District No. 222.2.1

Local Registrar's No. 16

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Anna Ida Rasmussen

(a) Residence. No. 322 E. Main St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE \_\_\_\_\_ 5. Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Nov. 26 - 1893

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

13. NAME Edith A. Rasmussen

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Nebraska

15. MAIDEN NAME Edith A. Rasmussen

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) New Brunswick

17. INFORMANT Mrs. M. T. Rasmussen

18. BURIAL, CREMATION, OR REMOVAL Place \_\_\_\_\_ Date 2-2-33, 1933

19. UNDERTAKER Helley (Address) \_\_\_\_\_

20. FILED Apr. 1, 1933 Mrs. Helen M. Bude Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to May 26, 1933.

I last saw h. alive on \_\_\_\_\_, 1933; death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Still born.  
Exhausted flesh and  
masterly mother.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. H. H. H. H., M. D.

(Address) Helley, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED APR 11 1933

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R. 7. R. St.

212 112 048 689

(If born in hospital or institution  
give name.)

Registration District No. 37 State File No. \_\_\_\_\_

Prim. Registration District No. 2085 Local Registrar's No. #1 74

FULL NAME OF CHILD (Stillborn) Baker

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u> }</u> and <u> }</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>3 12 1933</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Carral F. Baker</u>	MOTHER FULL MAIDEN NAME <u>Wanda Whitaker</u>
--	--

Residence (Usual place of abode) Twin Falls

It non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 22 (Years)

Birthplace Idaho (City and State or County)

Occupation laborer

It non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 20 (Years)

Birthplace Idaho (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:46 P.M. on the date above stated.

(Signature) H. E. Lamb

(Physician or Midwife)

Address Twin Falls, Idaho

Filed April, 1, 1933 Geo. C. Halliday  
Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



2  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

100-119

1. Name of Person or Organization: John Doe

2. Address: 123 Main Street, New York, NY 10001

3. Date of Birth: 01/01/1900

4. Sex: Male

5. Race: White

6. Height: 5' 10"

7. Weight: 180 lbs

8. Eyes: Blue

9. Hair: Brown

10. Occupation: Teacher

11. Education: High School Graduate

12. Date of Last Contact: 06/01/1999

13. Date of Birth of Child: 03/15/1998

14. Name of Child: John Doe Jr.

15. Address of Child: 123 Main Street, New York, NY 10001

16. Date of Birth of Child: 03/15/1998

17. Sex of Child: Male

18. Race of Child: White

19. Height of Child: 3' 6"

20. Weight of Child: 30 lbs

21. Eyes of Child: Blue

22. Hair of Child: Brown

23. Occupation of Child: None

24. Education of Child: None

25. Date of Last Contact of Child: 06/01/1999

26. Date of Birth of Child: 03/15/1998

27. Sex of Child: Male

28. Race of Child: White

29. Height of Child: 3' 6"

30. Weight of Child: 30 lbs

31. Eyes of Child: Blue

32. Hair of Child: Brown

33. Occupation of Child: None

34. Education of Child: None

35. Date of Last Contact of Child: 06/01/1999

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 06-01-1999 BY 60321 UCBAW

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		84035	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No.	
County of <u>Twin Falls</u>		City of <u>Twin Falls</u>		Registration District No. <u>37</u>	
Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>47</u>			
(No. <u>Residence</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Arnold Dean Baker</u>					
(a) Residence. No. <u>Route # 3</u>		St. <u>Lamb</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>✓</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 12-1933</u>					
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Twin Falls Idaho</u>					
13. NAME <u>C. F. Baker</u>					
14. BIRTHPLACE (city or town) <u>Jarrar Iowa</u>					
15. MAIDEN NAME <u>Wanda Whitaker</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u>					
17. INFORMANT <u>C. F. Baker</u>					
(Address) <u>Twin Falls Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>White Mortuary Inc</u> Date <u>3/14</u> , 193 <u>3</u>					
19. UNDERTAKER <u>George C. Valley</u>					
(Address) <u>Twin Falls Idaho</u>					
20. FILED <u>3/14</u> , 193 <u>3</u> <u>George C. Valley</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>March 12, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 12</u> , 193 <u>3</u> , to <u>March 12</u> , 193 <u>3</u> .					
I last saw him alive on <u>March 12</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>9:45 P. M.</u>					
The principal cause of death and related causes of importance follows: <u>Heart</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>—</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 193 <u>3</u> .					
Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u>—</u>					
(Signed) <u>H. P. Borch</u> M. D.					
(Address) <u>Twin Falls Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

437 228042-253  
1. PLACE OF BIRTH RECEIVED APR 11 1933

County of Twinn Falls  
City of Twinn Falls  
No. 1129-4th St.

Monteith Maternity  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211132

Registration District No. 37 State File No. 88

Prim. Registration District No. 1082 Local Registrar's No. 22

2. FULL NAME OF CHILD

Stillborn McGovern

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legiti- mate? yes 8. Date of birth Feb 28th, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER William McGovern

10. Residence (usual place of abode) (If non-resident, give place and State) Twinn Falls

11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) North Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Feb., 1933

17. Total time (years) spent in this work 15 yrs

28. If stillborn, period of gestation 9 mo. { months or weeks 29. Cause of stillbirth Traumatism of delivery

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:30 P. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred Alexander M. D.

or \_\_\_\_\_ Midwife

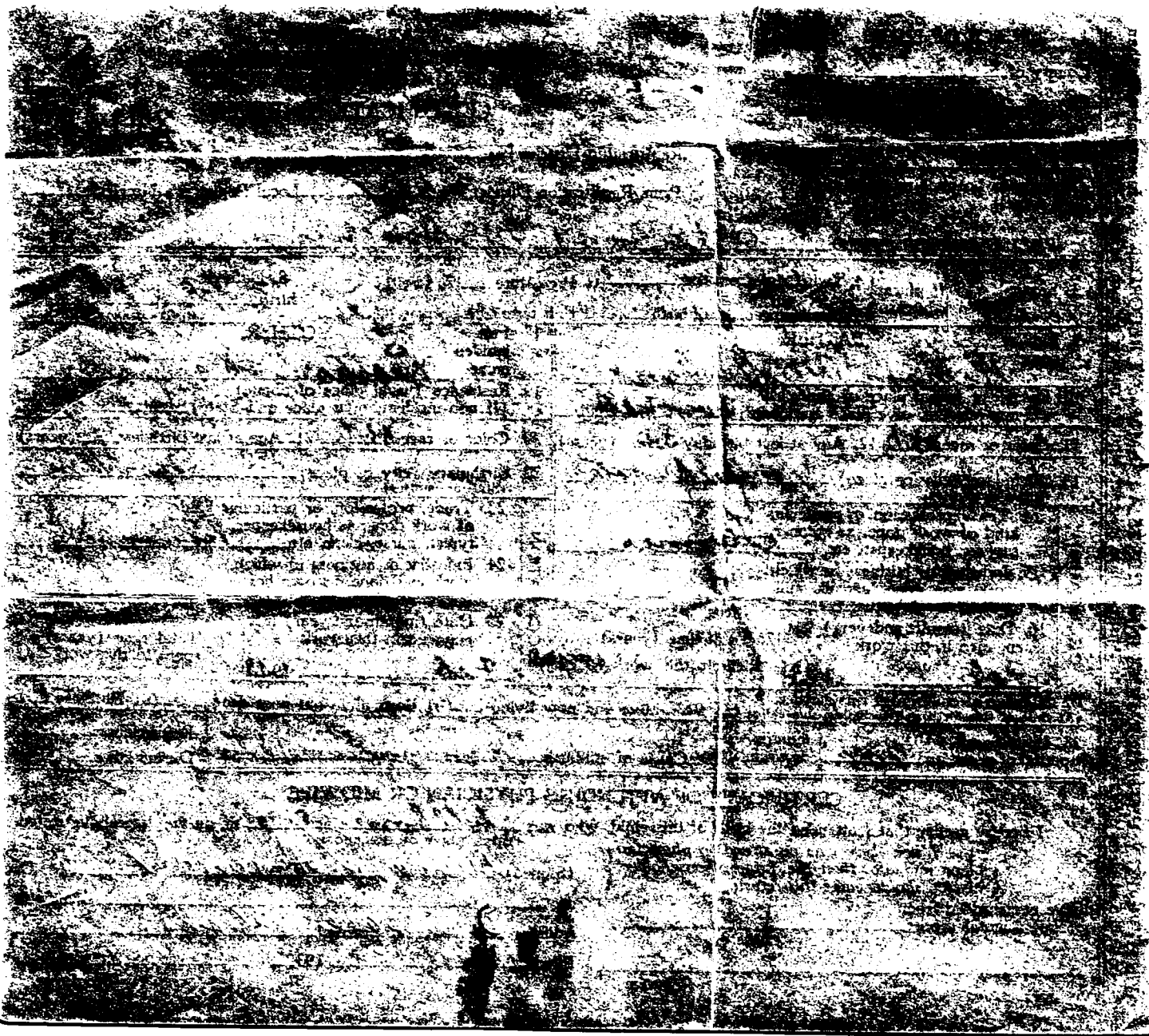
Address Twinn Falls, Idaho

Filed March 23, 1933 Geo C. Haskins

Registrar.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF)

Registrar.



**N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

If so, specify no  
(Signed) Suzanne Alexander M.D.  
(Address) Twin Falls Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED APR 11 1933		STATE OF IDAHO		S	
County of <u>Twin Falls</u>				DEPARTMENT OF PUBLIC WELFARE			
City of <u>Twin Falls</u>				BUREAU OF VITAL STATISTICS			
No. <u>1129 - 4 Ave E St</u>				CERTIFICATE OF BIRTH		211133	
Monteath Mat. Home				Registration District No. <u>37</u>		State File No. <u>      </u>	
(If born in hospital or institution give name.)				Prim. Registration District No. <u>1285</u>		Local Registrar's No. <u>76</u>	
2. FULL NAME OF CHILD <u>Gray (Stillborn)</u>							
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar. 13, 1933</u>	(MONTH, DAY, YEAR)
9. Full name <u>Orval Everton Gray</u>	FATHER			18. Full maiden name <u>Neoma E. Anderson</u>	MOTHER		
10. Residence (usual place of abode) <u>Twin Falls</u>	(If non-resident, give place and State)			19. Residence (usual place of abode) <u>Twin Falls</u>	(If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)			20. Color or race <u>White</u>	21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) <u>Greenfield Iowa</u>	(State or country)			22. Birthplace (city or place) <u>Twin Falls Ida.</u>	(State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>operator power plant</u>				OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Idaho Power plant</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>March 1933</u>	17. Total time (years) spent in this work <u>5</u>				25. Date (month and year) last engaged in this work <u>March 1933</u>	26. Total time (years) spent in this work <u>6</u>
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
28. If stillborn, period of gestation <u>9 mo.</u> { months or weeks		29. Cause of stillbirth <u>Suppuration Cord around neck</u>				{ Before labor During labor <u>✓</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at        m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Samuel A. Alexander M. D.

or        Midwife

Address Twin Falls Ida.

Filed April 8, 1933 Chas. C. Hedges

Give name added from a supplemental report

(DATE OF)

Registrar.

Registrar.



OFFICE OF THE ATTORNEY GENERAL

IN SENATE, January 10, 1906.

REPORT OF THE ATTORNEY GENERAL, J. D. BROWN, FOR THE YEAR 1905.

ALBANY, N. Y.: J. B. LIPPINCOTT & CO., PRINTERS, 1906.

THE OFFICE OF THE ATTORNEY GENERAL, ALBANY, N. Y.

REPORT OF THE ATTORNEY GENERAL, J. D. BROWN, FOR THE YEAR 1905.

ALBANY, N. Y.: J. B. LIPPINCOTT & CO., PRINTERS, 1906.

THE OFFICE OF THE ATTORNEY GENERAL, ALBANY, N. Y.

IN SENATE, January 10, 1906.

REPORT OF THE ATTORNEY GENERAL, J. D. BROWN, FOR THE YEAR 1905.

ALBANY, N. Y.: J. B. LIPPINCOTT & CO., PRINTERS, 1906.

THE OFFICE OF THE ATTORNEY GENERAL, ALBANY, N. Y.

REPORT OF THE ATTORNEY GENERAL, J. D. BROWN, FOR THE YEAR 1905.

ALBANY, N. Y.: J. B. LIPPINCOTT & CO., PRINTERS, 1906.

THE OFFICE OF THE ATTORNEY GENERAL, ALBANY, N. Y.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 11 1933

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County of *Twin Falls*City of *Twin Falls*Registration District No. *37*Primary Registration District No. *1085*Local Registrar's No. *49*

(No *Montooth Maternity Home*)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Gray Joan*(a) Residence. No. *Box 270* St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of *r*6. DATE OF BIRTH (month, day, and year) *March 13-1933*7. AGE Years *0* Months *0* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *r*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Twin Falls*  
(State or country) *Idaho*13. NAME *Orval Gray*14. BIRTHPLACE (city or town) *Greenfield*  
(State or country) *Iowa*15. MAIDEN NAME *Neoma Anderson*16. BIRTHPLACE (city or town) *Twin Falls*  
(State or country) *Idaho*17. INFORMANT *Orval Gray*  
(Address) *Twin Falls Idaho*18. BURIAL, CREMATION, OR REMOVAL  
Place *Twin Falls Idaho* Date *Mar 14 1933*19. UNDERTAKER *White Mortuary Inc*  
(Address) *Twin Falls Idaho*20. FILED *Spec*, 1933 *George C. Halley*  
*Reg* Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *March 13 1933*22. I HEREBY CERTIFY, That I attended deceased from *3/13/33*, 1933, to *3/13/33*, 1933.I last saw her *at home* *3/13/33*, 1933; death is said to have occurred on the date stated above, at *5:40* a.m.

The principal cause of death and related causes of importance were as follows:

Suffocation, instrumental delivery, cord around neck.

Other contributory causes of importance:

Name of operation *none* Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 1933.Where did injury occur? *none*  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *none*Manner of injury *none*Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *George C. Halley*, M.D.(Address) *Twin Falls Idaho*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

168-112-042-168

1. PLACE OF BIRTH RECEIVED APR 11 1933

County of Twin Falls  
City of Twin Falls  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **211134**

Registration District No. 37 State File No. \_\_\_\_\_

Prim. Registration District No. 1085 Local Registrar's No. 75

2. FULL NAME OF CHILD Stillborn Johnson

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature? <u>Yes</u>	7. Legitimate? <u>?</u>	8. Date of birth <u>March 12, 1933</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____	mate? _____	

9. Full name FATHER Unknown  
10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_  
11. Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)  
13. Birthplace (city or place) (State or country) \_\_\_\_\_  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
19. \_\_\_\_\_

18. Full maiden name MOTHER Mrs. Johnson  
19. Residence (usual place of abode) (If non-resident, give place and state) 430 3rd  
20. Color or race W 21. Age at last birthday 22 (years)  
22. Birthplace (city or place) (State or country) \_\_\_\_\_  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Refused  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
19. \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 6 1/2 months or weeks 29. Cause of stillbirth Prematurity Before labor \_\_\_\_\_ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 p.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_

(Signed) E. Blaine M. D.

or \_\_\_\_\_ Midwife

Address Twin Falls, Idaho

Filed April, 6, 1933 E. C. Hedges Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 14 1933

PLACE OF DEATH

APR 14 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84031

State File No.

County of San FallsCity of San Falls

Registration District No.

Primary Registration District No.

Local Registrar's No. 42(No. 1)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Johnson(a) Residence. No. 429 39th St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 5/33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ida13. NAME Unkny14. BIRTHPLACE (city or town) (State or country) Unkny15. MAIDEN NAME Maril Johnson16. BIRTHPLACE (city or town) (State or country) Unkny

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Funery Date Mar 7, 193319. UNDERTAKER (Address) San Falls20. FILED 2/7, 1933George C. Halley

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to , 193.

I last saw h. alive on , 193; death is said to have occurred on the date stated above, at 32 m. The principal cause of death and related causes of importance were as follows:Premature Infant

Date of onset:

Other contributory causes of importance:

Name of operation Unkny Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Halley M. D.(Address) San Falls Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statements of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED MAY 10 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

S

County of Bannock  
City of Pocatello, Idaho  
No. 830 North 9th St.

CERTIFICATE OF BIRTH

211232

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 124

FULL NAME OF CHILD STILL - BORN  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>MALE</u>	Twin Triplet or other? <u>  </u> { and { Number in order of birth <u>  </u>	Legitimate? <u>YES</u>	Date of birth <u>3</u> <u>25</u> <u>1933</u> (Month) (Day) (Year)
--------------------------	---	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? 1 % Ag. No. 3

Number of child of this mother, including present birth 3 (a) Born alive and now living 2  
Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>JACK MC CALL</u> Residence (Usual place of abode) <u>830 North 9th</u> If non-resident, give place and State <u>white</u> Color or race <u>white</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Shelly, Idaho</u> (City and State or County) Occupation <u>S. S. SHOPS</u>	MOTHER FULL NAME <u>ROXIE MAY PRASURE</u> Residence (Usual place of abode) <u>830 North 9th</u> If non-resident, give place and State <u>white</u> Color or race <u>white</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>ASHLAND, KY.</u> (City and State or County) Occupation <u>HOUSEWIFE</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P.M. M.  
on the date above stated. 6 1/2 mo. gestation  
(Signature) William F. Howard, M.D.  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address POCATELLO, IDAHO  
Filed 4-25-33 D. C. Ray  
Registrar.



100 each and are numbered on each in subject to their serials. A book of index with one copy of each of the above mentioned books is placed in every building division office. The books are printed by the Bureau of Printing and are numbered on each in subject to their serials. A book of index with one copy of each of the above mentioned books is placed in every building division office. The books are printed by the Bureau of Printing and are numbered on each in subject to their serials.

shows the weakness of the case with which is one real reason why we should make this report a surprise to the public. It is a surprise to the public, but it is a surprise to the public.

1. I hereby certify that I have been duly elected to the office of \_\_\_\_\_

NEW YORK, N.Y. (AP) —

1990

NOTES

CONFIDENTIAL

... ..

It was inevitable that the

10-10-1964

1917-18

Deadly web and spider men.

44-38861-10000

Continued on next page

of birth

1. The first of these is the fact that the Commission has not yet received any information from the Government of the Republic of China (Taiwan) regarding the situation in the Republic of China (Taiwan) and the Republic of China (Taiwan) has not yet received any information from the Government of the Republic of China (Taiwan) regarding the situation in the Republic of China (Taiwan).

..... (LHM) TO THE FBI

THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
500 5TH AVENUE  
NEW YORK 17, N.Y.

3-10-1964

11

10-00000

1964-1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 10 1939

STATE OF IDAHO

County of Blaine

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

City of Pocatello

CERTIFICATE OF BIRTH

211235

No. 101 South Johnson St.

Pocatello General Hospital Registration District No. .... State File No. ....

(If born in hospital or institution  
give name.)

Prim. Registration District No. .... Local Registrar's No. 114

FULL NAME OF CHILD

Keith Robert Atzbach

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>    </u> { and } Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>March 16</u> 19 <u>33</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

Number of child of this mother, including present birth. Two (a) Born alive and now living Two

Born alive but now dead None Stillborn None

FATHER FULL NAME <u>Fred John Atzbach</u>	MOTHER FULL MAIDEN NAME <u>Veda Lovirn Jackson</u>
--	---

Residence (Usual place of abode) 206 North 12th

If non-resident, give place and State. ....

Color or race White Age at last Birthday 33 (Years)

Birthplace Merker, Utah (City and State or County)

Occupation Mechanic

Color or race White Age at last Birthday 33 (Years)

Birthplace Plano, Idaho (City and State or County)

Occupation Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:47 A. M.  
on the date above stated.

Malone (Signature)

(Physician or midwife)

Address Pocatello, Idaho

Filed 4-25-33 1933

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED BY THE DISTRICT ATTORNEY OF THE DISTRICT OF COLUMBIA  
 COUNTY OF DISTRICT OF COLUMBIA  
 CITY OF DISTRICT OF COLUMBIA  
 DEPT. OF HEALTH  
 DIVISION OF VITAL RECORDS  
 1000 PENNSYLVANIA AVENUE, N.E.  
 WASHINGTON, D.C. 20002

RECEIVED BY THE DISTRICT ATTORNEY OF THE DISTRICT OF COLUMBIA

RECEIVED BY THE DISTRICT ATTORNEY OF THE DISTRICT OF COLUMBIA  
 COUNTY OF DISTRICT OF COLUMBIA  
 CITY OF DISTRICT OF COLUMBIA  
 DEPT. OF HEALTH  
 DIVISION OF VITAL RECORDS  
 1000 PENNSYLVANIA AVENUE, N.E.  
 WASHINGTON, D.C. 20002

When there are no living persons  
 or with them the other persons  
 who should make the entry, a  
 child is one that either mother or  
 father or other person of the other side

It is hereby certified that I attended the birth of this child who was

CERTIFICATE OF BIRTH OF A CHILD

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

NAME OF MOTHER  
 NAME OF FATHER  
 NAME OF MOTHER'S MOTHER  
 NAME OF FATHER'S MOTHER

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

NAME OF MOTHER  
 NAME OF FATHER  
 NAME OF MOTHER'S MOTHER  
 NAME OF FATHER'S MOTHER

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

NAME OF MOTHER  
 NAME OF FATHER  
 NAME OF MOTHER'S MOTHER  
 NAME OF FATHER'S MOTHER

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

NAME OF MOTHER  
 NAME OF FATHER  
 NAME OF MOTHER'S MOTHER  
 NAME OF FATHER'S MOTHER

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

NAME OF MOTHER  
 NAME OF FATHER  
 NAME OF MOTHER'S MOTHER  
 NAME OF FATHER'S MOTHER

NAME OF CHILD  
 SEX  
 DATE OF BIRTH  
 TIME OF BIRTH  
 PLACE OF BIRTH  
 NAME OF PHYSICIAN

RECEIVED APR 10 1933

1. PLACE OF BIRTH  
 County of Washington  
 City of Midvale  
 No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 211163

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD RoseWihoff Stillborn

3. Sex Female If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
 6. Premature \_\_\_\_\_ Full term yes 7. Legiti- mate? yes 8. Date of birth Mar. 16, 1933  
 (MONTH, DAY, YEAR)

9. Full name Oscar Ambrose Wihoff FATHER  
 10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

18. Full maiden name Clarissa Ellen Lyons MOTHER  
 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

11. Color or race white 12. Age at last birthday 42 (years)20. Color or race white 21. Age at last birthday 31 (years)13. Birthplace (city or place) Idaho (State or country) Idaho22. Birthplace (city or place) Michigan (State or country) Calverton

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 13 yrs.16. Date (month and year) last engaged in this work May 12 1929

25. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

26. Total time (years) spent in this work 1327. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks } 29. Cause of stillbirth intra-uterine asphyxia Before labor yes During labor yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:15 p. m. on the date above stated.  
 (BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
 or midwife, then the father, householder,  
 etc., should make this return.

(Signed) Dr. R. Y. Whiteman, M. D.

Give name added from  
 a supplemental report \_\_\_\_\_

or \_\_\_\_\_, Midwife

(DATE OF)

Address 3-20-33 DR. R. Y. WHITEMANFiled 3-20-33, 1933 CAMBRIDGE, IDAHO

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH MAY 10 1933

County of Bannock  
City of Idaho Falls  
No. L.D. & Hospital St.

(If born in hospital of institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 211380

Registration District No. 73 State File No. 211380

Prim. Registration District No. 211380 Local Registrar's No. 1122

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>April 15</u> , 19 <u>33</u>
				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>William Olegg</u>	FULL MAIDEN NAME <u>Ellen King Lear</u>		
Residence (Usual place of abode) <u>Idaho Falls</u>	Residence (Usual place of abode) <u>Idaho Falls</u>		
If non-resident, give place and State	If non-resident, give place and State		
Color or race <u>White</u> Age at last birthday <u>29</u> (Years)	Color or race <u>White</u> Age at last birthday <u>22</u> (Years)		
Birthplace <u>Idaho Falls</u> (City and State or County)	Birthplace <u>Lewisville Idaho</u> (City and State or County)		
Occupation <u>Rail Road Engineer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at Idaho Falls on the date above stated.

(Signature) John O. Mellars

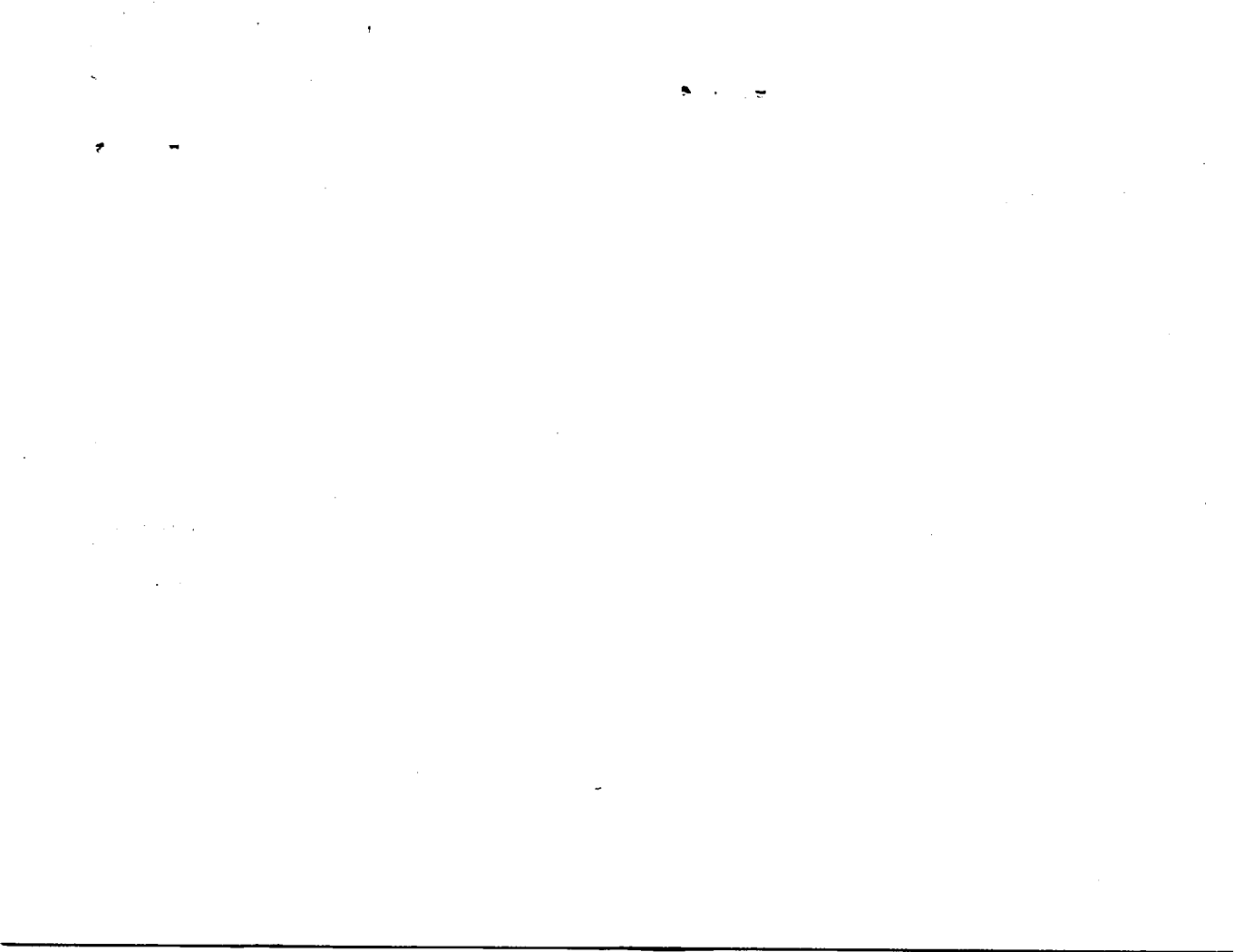
(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Physician (Physician or midwife)

Address Idaho Falls Idaho

Filed Apr 17 1933 Cooperman

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		BUREAU OF VITAL STATISTICS		State File No. <u>84172</u>	
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>77</u>	
		Primary Registration District No. <u>2147</u>			
		(No. <u>L. &amp; S. Hospital</u> )			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillbirth</u>					
(a) Residence. No. <u>St.</u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 15, 1933</u>					
7. AGE Years		Months		Days	
<u>Stillbirth</u>		<u>7 1/2 mo.</u>		<u>1 day</u>	
				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u>					
13. NAME <u>William Clegg</u>					
14. BIRTHPLACE (city or town) (State or country) <u>North Idaho</u>					
15. MAIDEN NAME <u>Ellen Kinghorn</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Lewistown, Idaho</u>					
17. INFORMANT <u>Wm Clegg</u> (Address) <u>Idaho Falls</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls</u> Date <u>Apr 16, 1933</u>					
19. UNDERTAKER (Address) <u>Idaho Falls</u>					
20. FILED <u>Apr 16, 1933</u> Registrar. <u>Idaho Falls</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Apr 15, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Idaho Falls</u> , 1933, to <u>Idaho Falls</u> , 1933.					
I last saw him alive on <u>Apr 15, 1933</u> ; death is said to have occurred on the date stated above, at <u>Idaho Falls</u> .					
The principal cause of death and related causes of importance were as follows:					
<u>Stillbirth</u>					
<u>Acute nephritis</u>					
<u>(mother)</u>					
Other contributory causes of importance:					
<u>Two attacks of influenza</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1933.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>John C. Mellar</u> M. D.					
(Address) <u>Idaho Falls, Idaho</u>					



# UNITED STATES STANDARD-CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLAID OF CALIFORNIA MAY 12 1933  
COUNTY OF CALIFORNIA  
CITY OF CALIFORNIA  
No. St.  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 211442  
Registration District No. 3 State File No. S  
(If born in hospital or institution give name.) Prim. Registration District No. 1005 Local Registrar's No. 81  
FULL NAME OF CHILD Not named Stillborn  
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child Female Twin Triplet or other? { and } Number in order of birth Legitimacy Date of birth April 18 1933  
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead Stillborn one

FATHER	MOTHER (SIUCIE)
FULL NAME E. E. Culver	FULL MAIDEN NAME Grace C. Culver
Residence (Usual place of abode) Caldwell Ida	Residence (Usual place of abode) Caldwell Ida
If non-resident, give place and State 511 Frank	If non-resident, give place and State
Color or race W. Age at last birthday 37 (Years)	Color or race W. Age at last birthday 37 (Years)
Birthplace Ida (City and State or County)	Birthplace Ida (City and State or County)
Occupation Farmer	Occupation Housewife

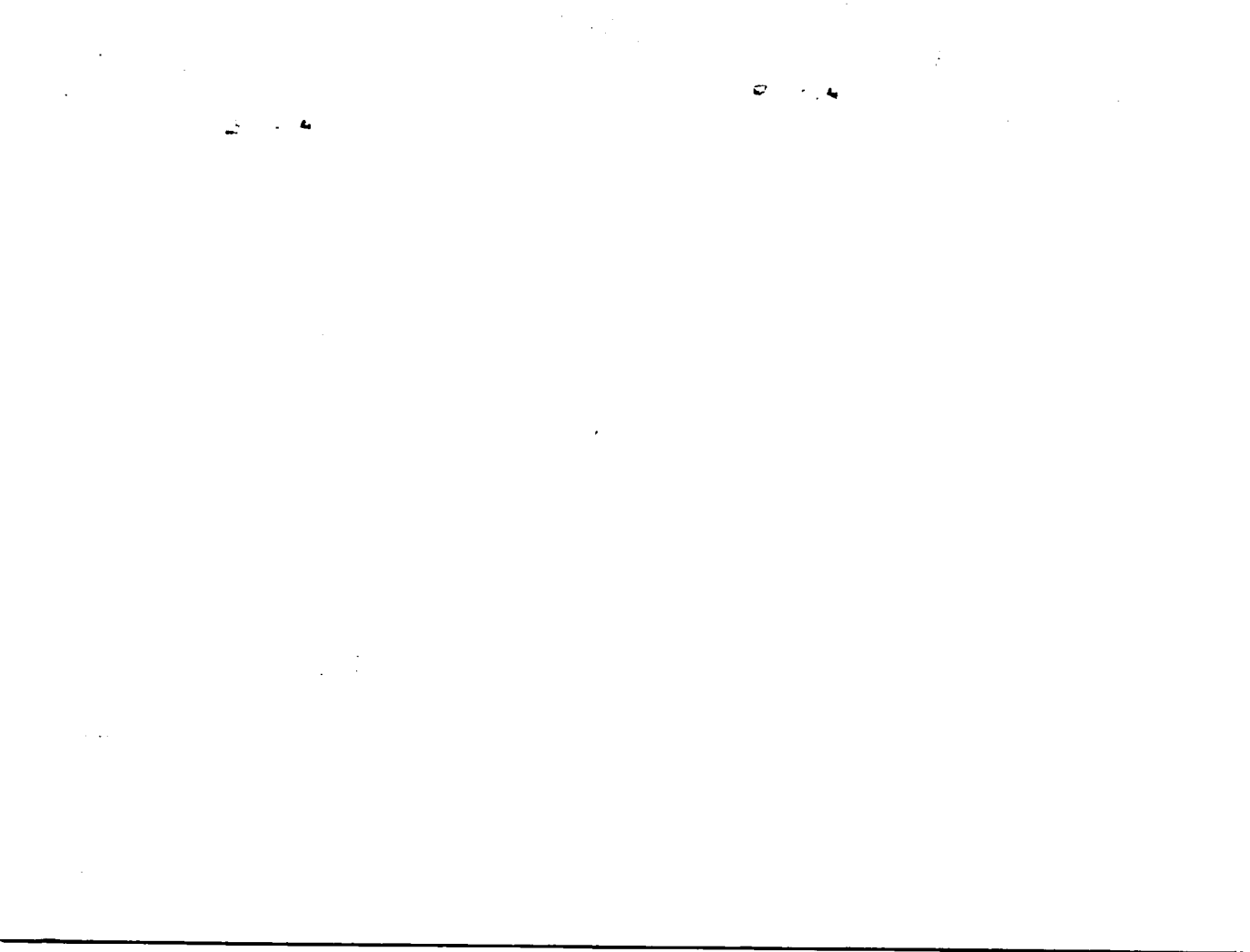
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 12:30 P. M. on the date above stated.

(Signature) A. A. Newberry  
Caldwell, Ida  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Caldwell Idaho  
Filed 4-28 1933 John S. Meyer Registrar.





# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED MAY 10 1933

County of Carson  
City of Burley  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211460  
S

(If born in hospital or institution  
give name.)

Registration District No. 117 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 24

FULL NAME OF CHILD \_\_\_\_\_

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M.</u>	Twin Triplet or other?	and Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>4-14-</u> <u>1933</u> (Month) (Day) (Year)
------------------------	------------------------------	---------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 1 Stillborn 1

FULL NAME <u>Samson Young</u>	FATHER	FULL MAIDEN NAME <u>Ella Davis</u>	MOTHER
-------------------------------	--------	------------------------------------	--------

Residence (Usual place of abode) Burley

If non-resident, give place and State \_\_\_\_\_

Color or race W. Age at last Birthday 46 (Years)

Birthplace Idaho (City and State or County)

Occupation Laborer

If non-resident, give place and State \_\_\_\_\_

Color or race W. Age at last Birthday 32 (Years)

Birthplace Idaho (City and State or County)

Occupation Shop

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2:30 P. M.  
on the date above stated.

(Signature) F. H. Butler

(Physician or midwife)

Address Burley Ida.

Filed May 8 1933 Laura Greco

Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

THIS IS TO CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND DATE HEREIN SET FORTH IN THE PRESENCE OF THE SIGNERS OF THIS CERTIFICATE AND THAT THE SIGNERS OF THIS CERTIFICATE ARE PERSONS WHOSE NAMES ARE KNOWN TO THE COMMUNITY AS BEING PERSONS OF REPUTATION AND WHOSE NAMES ARE KNOWN TO THE COMMUNITY AS BEING PERSONS OF REPUTATION

Where there was no attending physician or midwife, then the father, grandfather, or other person should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at Stillborn Illinois on the date above stated.

(Signature)

(Physician or Midwife)

Address

Birthplace (City and State or County) Stillborn  
 Occupation Stillborn  
 Date of birth (Month, day and year) Stillborn  
 Place of birth (City and State or County) Stillborn  
 Name of mother Stillborn  
 Name of father Stillborn  
 Name of child Stillborn  
 Sex of child Stillborn  
 Color of hair Stillborn  
 Color of eyes Stillborn  
 Color of skin Stillborn  
 Weight Stillborn  
 Length Stillborn  
 Head Stillborn  
 Chest Stillborn  
 Arms Stillborn  
 Legs Stillborn  
 Feet Stillborn  
 Fingers Stillborn  
 Toes Stillborn  
 Birthplace (City and State or County) Stillborn  
 Occupation Stillborn  
 Date of birth (Month, day and year) Stillborn  
 Place of birth (City and State or County) Stillborn  
 Name of mother Stillborn  
 Name of father Stillborn  
 Name of child Stillborn  
 Sex of child Stillborn  
 Color of hair Stillborn  
 Color of eyes Stillborn  
 Color of skin Stillborn  
 Weight Stillborn  
 Length Stillborn  
 Head Stillborn  
 Chest Stillborn  
 Arms Stillborn  
 Legs Stillborn  
 Feet Stillborn  
 Fingers Stillborn  
 Toes Stillborn

What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn  
 Sex of child Stillborn  
 Color of hair Stillborn  
 Color of eyes Stillborn  
 Color of skin Stillborn  
 Weight Stillborn  
 Length Stillborn  
 Head Stillborn  
 Chest Stillborn  
 Arms Stillborn  
 Legs Stillborn  
 Feet Stillborn  
 Fingers Stillborn  
 Toes Stillborn  
 Birthplace (City and State or County) Stillborn  
 Occupation Stillborn  
 Date of birth (Month, day and year) Stillborn  
 Place of birth (City and State or County) Stillborn  
 Name of mother Stillborn  
 Name of father Stillborn  
 Name of child Stillborn  
 Sex of child Stillborn  
 Color of hair Stillborn  
 Color of eyes Stillborn  
 Color of skin Stillborn  
 Weight Stillborn  
 Length Stillborn  
 Head Stillborn  
 Chest Stillborn  
 Arms Stillborn  
 Legs Stillborn  
 Feet Stillborn  
 Fingers Stillborn  
 Toes Stillborn

(1) If stillborn, substitute the word "Stillborn" for name of child.  
 Registration District No. Stillborn  
 Local Registrar's No. Stillborn  
 State File No. Stillborn

**CERTIFICATE OF BIRTH**  
 DEPARTMENT OF PUBLIC HEALTH  
 BUREAU OF VITAL STATISTICS  
 STATE OF ILLINOIS  
 City of Stillborn  
 County of Stillborn  
 State of Stillborn

RECEIVED AUG 11 1933

## PLACE OF DEATH

County of CassiaCity of BurleySTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

85290

State File No. ....

Local Registrar's No. 52

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Young

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH April 14 - 19337. AGE Still Born Years Months Days If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley  
(State or country) Idaho13. NAME Seymour Young14. BIRTHPLACE (city or town) Wisconsin  
(State or country)15. MAIDEN NAME Ella Davis16. BIRTHPLACE (city or town) Virginia  
(State or country)17. INFORMANT Mrs. Ella Young  
(Address) Burley, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Burley, Idaho Date 4-14, 193319. UNDERTAKER W. C. Johnson  
(Address) Burley, Idaho20. FILED Reg. 7, 1933 Laura J. Greet  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 14 (month, day and year) 193322. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1933 to Apr 14, 1933.I last saw deceased on Apr 14, 1933; death is said to have occurred on the date stated above, at 2 a..m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? .... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury, 193.

Where did injury occur? ....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes Specify .....(Signed) E. H. Greet M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 12 1933

County of \_\_\_\_\_

City of Challis

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD

Registration District No. 1-8 State File No. S

Prim. Registration District No. 2186 Local Registrar's No. 354

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>9</u>	Legiti- mate? <u>ye</u>	Date of birth <u>April 16</u> <u>1933</u> (Month) (Day) (Year)
----------------------------	---	-------	--	----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 9 (a) Born alive and now living 7

Born alive but now dead 2 Stillborn 1

FATHER FULL NAME <u>Paul E. Harker</u>	MOTHER FULL MAIDEN NAME <u>Born Stewart</u>
---	--

Residence (Usual place of abode) Challis

If non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 40 (Years)

Birthplace Chicago Ill (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Challis, Ida

Filed April 20 1933 Challis, Ida Registrar.

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CHIEF OF BUREAU OF VITAL STATISTICS  
 STATE OF IOWA  
 DES MOINES, IOWA  
 1912

STATE OF IOWA  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

111111  
 2

Registration District No. \_\_\_\_\_  
 Birth Registration District No. \_\_\_\_\_ Local Registrar No. \_\_\_\_\_

NAME OF CHILD

(If stillborn, substitute the word "stillborn" for name of child)

Sex of Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Time of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother including present birth \_\_\_\_\_  
 Born alive and now living \_\_\_\_\_

Name of Father \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Name of Child \_\_\_\_\_

Color of hair \_\_\_\_\_  
 Color of eyes \_\_\_\_\_  
 Color of skin \_\_\_\_\_  
 (Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 (Signature) \_\_\_\_\_

Address \_\_\_\_\_  
 (Physician or midwife) \_\_\_\_\_

Where there was no attending physician or midwife, then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 12 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84217

State File No. ....

## PLACE OF DEATH

County of CusterCity of ChallisRegistration District No. 118Primary Registration District No. 2186Local Registrar's No. 153

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) .....
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 16, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Elmer, Ida  
(State or country)10. NAME OF FATHER Paul E. Hailor11. BIRTHPLACE OF FATHER (city or town) Chicago  
(State or Country) Ill12. MAIDEN NAME OF MOTHER Dora Dewart13. BIRTHPLACE OF MOTHER (city or town) Crofton  
(State or Country) Dora14. Informant Paul E. Hailor  
(Address) Challis, Idaho15. Filed April 30, 1933  
Registrar. Edna M. Kennedy

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH dead some days before  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

that I last saw him alive on ..... 19.....

and that death occurred, on the date stated above, at ..... m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

(duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. D. Hailor....., 19..... (Address) Challis, Ida

19. Place of Burial, Cremation, or Removal Date of Burial

Challis, Ida April 11 1933

20. Undertaker Address

Relative Challis, Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anæmia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicæmia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 5 1933

1. PLACE OF BIRTH  
County of Latah  
City of Moscow  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

211653  
S

Registration District No. 61 State File No. \_\_\_\_\_  
Prim. Registration District No. 1011 Local Registrar's No. 34

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn - no name

3. Sex \_\_\_\_\_ If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature ☒ 7. Legitimate? Yes 8. Date of birth 4-8- 1933  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (MONTH, DAY, YEAR)

9. Full name FATHER  
William Louis Anderson

18. Full maiden name MOTHER  
Rosemary Mary Oberg

10. Residence (usual place of abode)  
(If non-resident, give place and State) Moscow, Ida.

19. Residence (usual place of abode)  
(If non-resident, give place and state) Moscow, Ida.

11. Color or race W. 12. Age at last birthday 28 (years)

20. Color or race W. 21. Age at last birthday 26 (years)

13. Birthplace (city or place)  
(State or country) Idaho

22. Birthplace (city or place)  
(State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work  
Present

25. Date (month and year) last engaged in this work  
Present

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation 5 months or weeks { 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:25 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) Stanley Johnson, M. D.

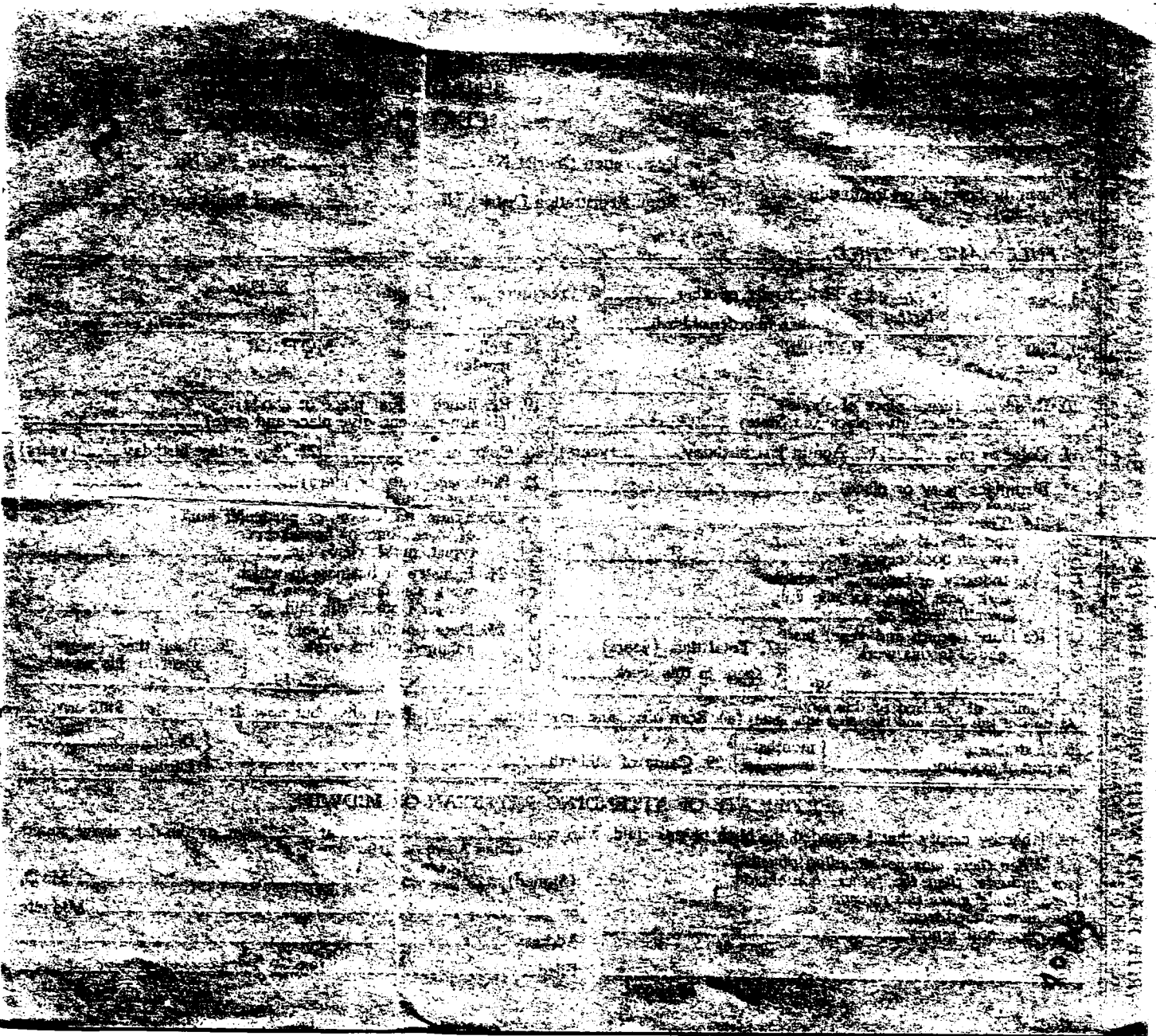
or \_\_\_\_\_, Midwife

Address Moscow, Idaho

Filed 5-2- 1933

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

443-238-238-113  
RECEIVED MAY 11 1933  
1. PLACE OF BIRTH  
County of Idaho  
City of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
211775

No. St. Joseph's  
(If born in hospital or institution give name.)  
Registration District No. 1009 State File No. \_\_\_\_\_  
Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Betty May Mullins

3. Sex Female If plural births { 4. Twin, triplet, or other 1 6. Premature Full term 7. Legitimate? yes 8. Date of birth Mar 28, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER James T. Mullins 18. Full maiden name MOTHER Mabel Amanda Jackson  
10. Residence (usual place of abode) (If non-resident, give place and State) Anatone 19. Residence (usual place of abode) (If non-resident, give place and state) Anatone  
11. Color or race W 12. Age at last birthday 23 (years) 20. Color or race W 21. Age at last birthday 18 (years)

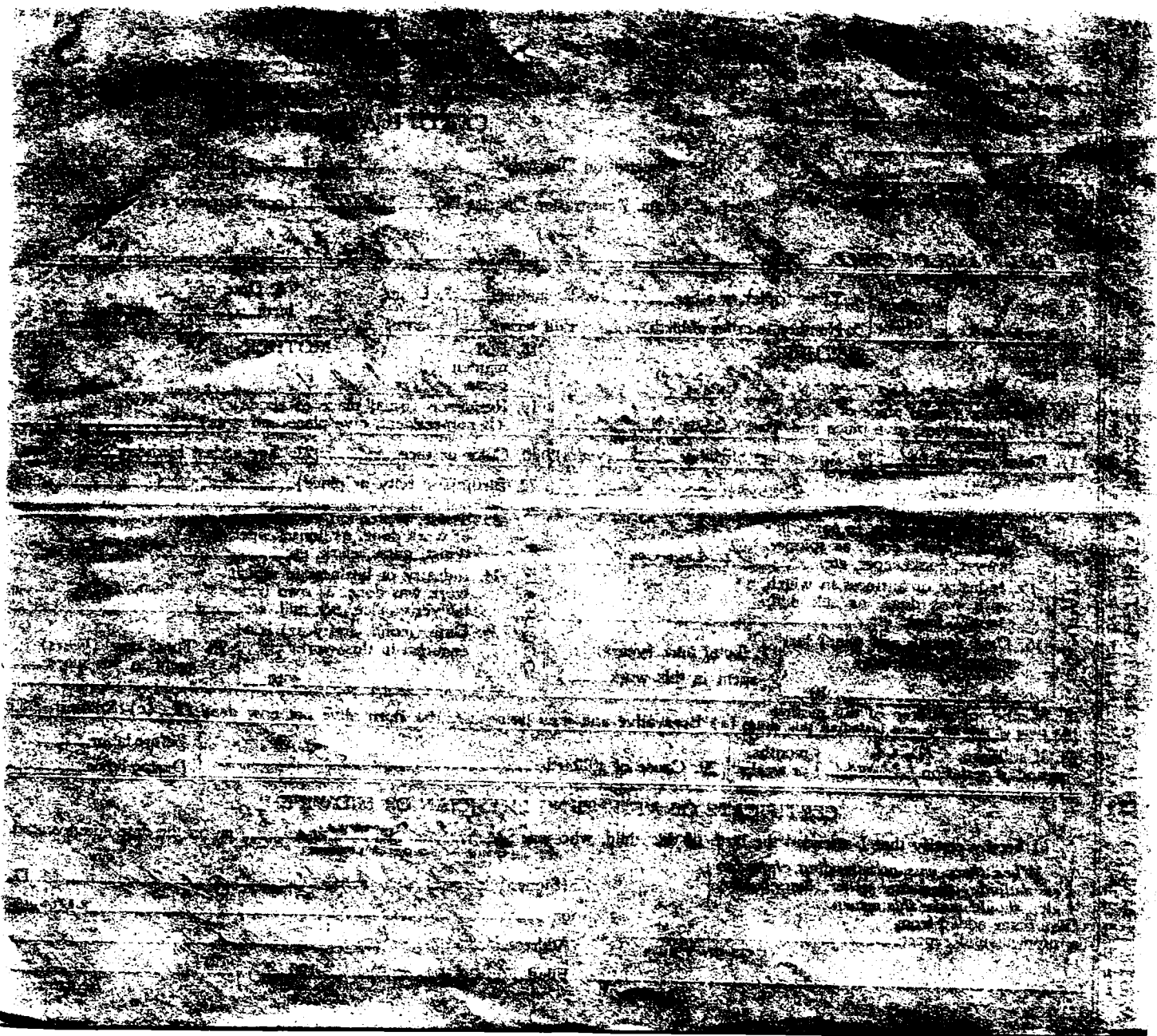
13. Birthplace (city or place) (State or country) Washington 22. Birthplace (city or place) (State or country) Idaho  
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1  
28. If stillborn, Full { months { 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
period of gestation term { or weeks { During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 a.m. on the date above stated.  
(Born Alive or Stillborn)  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) W. H. Schlager M. D.  
or \_\_\_\_\_ Midwife  
Address Lewiston, Idaho  
Filed May 2, 1933 J. M. Hule Registrar.  
B. G. M.  
Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_  
Registrar.





UNLAWFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 10 1933

1. PLACE OF BIRTH  
County of Cassia  
City of Malad

No. 415-201-036-386 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
211785

Registration District No. 24 State File No. 22  
Prim. Registration District No. 2069 Local Registrar's No. 22

2. FULL NAME OF CHILD

3. <u>Female</u>	If plural births	4. Twin, triplet, or other <u>—</u>	6. Premature <u>no</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Apr 1</u> , 1933 (MONTH, DAY, YEAR)
9. Full name <u>Joseph A. Doris</u>	FATHER	5. Number, in order of birth <u>1st</u>	Full term		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Malad</u>		11. Color or race <u>White</u>	12. Age at last birthday <u>10</u> (years)	13. Birthplace (city or place) (State or country) <u>Malad</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>—</u>		16. Date (month and year) last engaged in this work <u>Apr. 1933</u>	17. Total time (years) spent in this work <u>10</u>	18. Full maiden name <u>Lenna Thomas</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Malad</u>
20. Color or race <u>White</u>	21. Age at last birthday <u>20</u> (years)	22. Birthplace (city or place) (State or country) <u>Malad</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>	25. Date (month and year) last engaged in this work <u>Apr. 1937</u>
26. Total time (years) spent in this work <u>10</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	28. If stillborn, period of gestation <u>9 mos</u> months or weeks	29. Cause of stillbirth <u>unknown</u>	Before labor <u>—</u> During labor <u>—</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stephen at 2:30 m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) J. M. Korne, M. D.

or Malad, Midwife

Address Malad

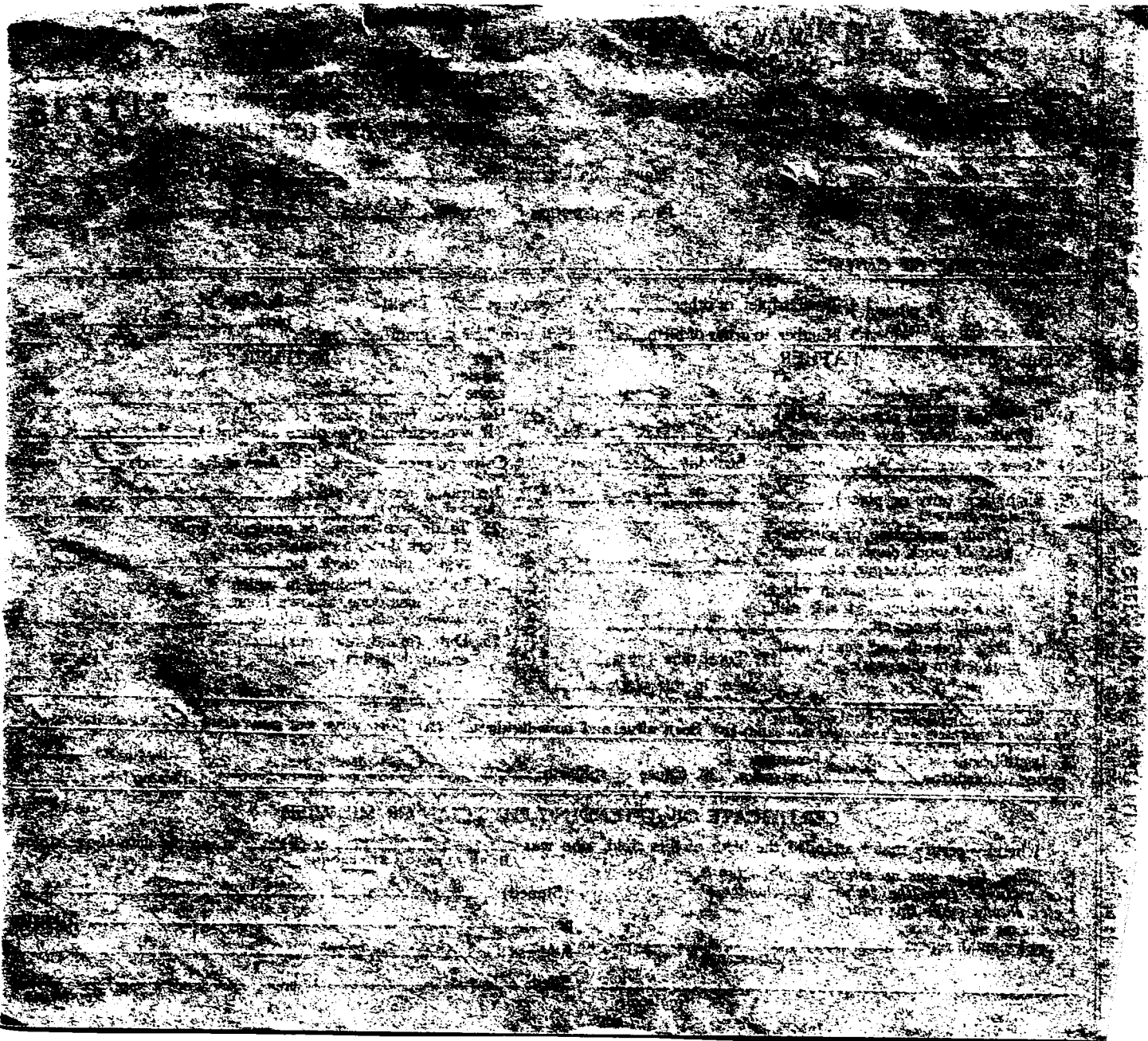
Filed 4/30, 1933 J. M. Korne

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report

(DATE OF)



WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 10 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## PLACE OF DEATH

County of OneidaCity of MaladRegistration District No. 26Primary Registration District No. 2069

DO NOT WRITE IN THIS SPACE

State File No. 84322Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Davis(a) Residence. No. Malad St. Idaho

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Baby5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 1 1933

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad  
(State or country) Idaho13. NAME Joseph A Davis14. BIRTHPLACE (city or town) Malad  
(State or country) Idaho15. MAIDEN NAME Lenna Thomas16. BIRTHPLACE (city or town) Malad  
(State or country) Idaho17. INFORMANT Stillborn Davis Jr  
(Address) Malad Idaho18. BURIAL, CREMATION, OR REMOVAL Burial  
Place April 1 33 Malad Idaho 19319. UNDERTAKER J. M. Kenna  
(Address) Malad Idaho20. FILED 4/30, 1933 J. M. Kenna  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 1 193322. I HEREBY CERTIFY, that I attended deceased from Stillborn Davis, 1933, to Idaho, 1933.I last saw him alive on April 1, 1933; death is said to have occurred on the date stated above, at Malad m. The principal cause of death and related causes of importance were as follows:Unkown  
griefs prolonged  
fever

Other contributory causes of importance:

Name of operation Stillborn Davis Jr Date of April 1 1933What test confirmed diagnosis? Stillborn Davis Jr Was there an autopsy? Yes

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? Stillborn Davis Jr Date of injury April 1 1933Where did injury occur? Stillborn Davis Jr

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Stillborn Davis JrManner of injury Stillborn Davis JrNature of injury Stillborn Davis Jr

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Stillborn Davis Jr(Signed) J. M. Kenna, M. D.(Address) Malad Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAY 11 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S211897

County of Neises St.

Registration District No. 86 State File No. 43

(If born in hospital or institution give name.)

Prim, Registration District No. 2112 Local Registrar's No. 43

FULL NAME OF CHILD

Stillborn  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u> (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of birth <u>4-26-33</u> 19 (Month) (Day) (Year)
-------------------------	-----------------------------------	--	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth. 13 (a) Born alive and now living 10

Born alive but now dead 2 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Seth J. Hust</u>	FULL MAIDEN NAME <u>Margaret L. Coats</u>

Residence (Usual place of abode) Neises, Idaho Neises, Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 50 (Years) Color or race White Age at last Birthday 45 (Years)

Birthplace Missouri (City and State or County) Birthplace Missouri (City and State or County)

Occupation Farmer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 1 P. M. on the date above stated.

(Signature) F. A. Channing, M.D.

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mr. Hamilton  
Filed May 3, 1933 E. K. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 11 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. <b>84357</b>	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS			
COUNTY OF <u>Washington</u>		CERTIFICATE OF DEATH			
CITY OF <u>Weir</u>		Registration District No. <u>86</u>		Local Registrar's No. <u>26</u>	
Primary Registration District No. <u>2112</u>					
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Hust</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>m</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>a newborn</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April 27-33</u>					
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min. _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
13. NAME <u>Leth Hust</u>					
14. BIRTHPLACE (city or town) (State or country) <u>mo</u>					
15. MAIDEN NAME <u>Maud Coats</u>					
16. BIRTHPLACE (city or town) (State or country) <u>mo</u>					
17. INFORMANT <u>Leth Hust</u> (Address) <u>Weir Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mary's Rest</u> Date <u>4-27, 1933</u>					
19. UNDERTAKER <u>L. C. Northern</u> (Address) <u>Weir Idaho</u>					
20. FILED <u>May 10, 1933</u> <u>W. P. Hamilton</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Apr 27- 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 27- 1933</u> , to <u>1933</u> , 1933.					
I last saw him alive on _____, 1933: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>still born. Do not know cause. growth of 13th child.</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933.					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____					
(Signed) <u>F. A. Hamilton</u> , M. D.					
(Address) <u>Weir Idaho</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

255-277-003-867  
RECEIVED JUN 6 1933

1. PLACE OF BIRTH  
County of Bannock  
City of Lago  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **212020**

Registration District No. 84 State File No. \_\_\_\_\_

Prim. Registration District No. 2161 Local Registrar's No. 40

2. FULL NAME OF CHILD

3. Sex <b>Fe</b>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate? <b>yes</b>	8. Date of birth <b>4-27-33</b> 193 (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term <b>yes</b>		

9. Full name FATHER  
**Verlo Thomas Bennett**  
10. Residence (usual place of abode)  
(If non-resident, give place and State) **Lago**  
11. Color or race **Wh** 12. Age at last birthday **23** (years)  
13. Birthplace (city or place) **Lago, Ida**  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Farm**  
16. Date (month and year) last engaged in this work **April 1933**  
17. Total time (years) spent in this work **Life**

18. Full name MOTHER  
**Vinnie Hopkins**  
19. Residence (usual place of abode)  
(If non-resident, give place and state) **Lago**  
20. Color or race **Wh** 21. Age at last birthday **21** (years)  
22. Birthplace (city or place) **Cleveland, Ida**  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **own home**  
25. Date (month and year) last engaged in this work **April 1933**  
26. Total time (years) spent in this work **3**

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **1**  
28. If stillborn, period of gestation **9 mo** { months or weeks } 29. Cause of stillbirth **unknown**  
Before labor **yes**  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **115 AM** on the date above stated.  
(BIRTH RECORD)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

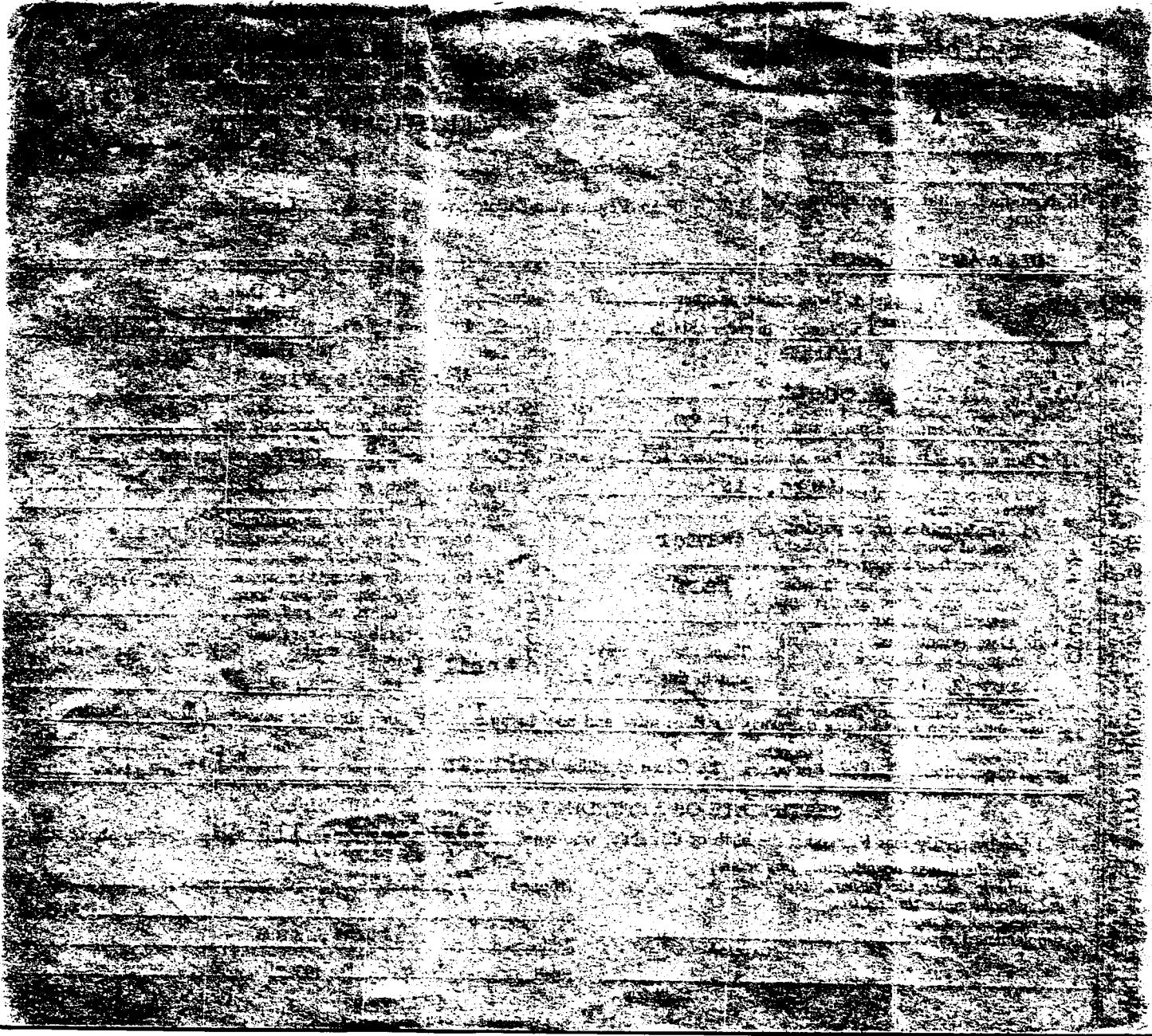
(Signed) Don J. Garing, M. D.

or \_\_\_\_\_, Midwife

Address **Grace, Ida**

Filed June 2, 1933 Mrs. J. J. Felt  
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 84734 State File-No.	
PLACE OF DEATH County of <b>Bannock</b>		CERTIFICATE OF DEATH			
City of <b>Lago</b>		Registration District No. <b>84</b>		Local Registrar's No. <b>9</b>	
		Primary Registration District No. <b>2161</b>			
(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME .....					
(a) Residence. No. .... St. .... (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <b>Fe</b>	4. COLOR OR RACE <b>Wh</b>	5. Single, Married, Widowed, or Divorced <b>single</b>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <b>4-27-33</b>					
7. AGE Years Months Days		If LESS than 1 day, hrs. or min.			
		<b>stillborn</b>			
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <b>Lago Ida</b> (State or country)					
MOTHER FATHER					
13. NAME <b>Verlo Thomas Bennett</b>					
14. BIRTHPLACE (city or town) <b>Lago, Ida</b> (State or country)					
15. MAIDEN NAME <b>Vinnie Hopkins</b>					
16. BIRTHPLACE (city or town) <b>Cleveland, Ida</b> (State or country)					
17. INFORMANT <b>Verlo Bennett Lago, Ida</b> (Address)					
18. BURIAL, CREMATION, OR REMOVAL <b>Lago</b> Place Date <b>4-27-33</b> 193					
19. UNDERTAKER <b>none</b> (Address)					
20. FILED <b>June 30, 1933</b> <b>Mr. J. G. Felt</b> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <b>4-27-33</b> 193					
22. I HEREBY CERTIFY, That I attended deceased from <b>4-27-33</b> , 193, to <b>4-27-33</b> , 193.					
I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at <b>115 AM</b>					
The principal cause of death and related causes of importance were as follows:					
<b>Stillborn. Death 24 hr. before birth. Cord around neck twice - possible cause</b>					
<b>Normal delivery</b>					
Other contributory causes of importance:					
Name of operation <b>none</b> Date of.....					
What test confirmed diagnosis? <b>none</b> Was there an autopsy? <b>no</b>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <b>no</b>					
If so, specify (Signed) <b>Dr. J. G. Felt</b> , M. D.					
(Address) <b>Brace, Ida</b>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. <sup>754</sup> PLACE OF BIRTH  
County of Gannock JUN 12 1933  
City of Potomac  
No. 2475 Wayne St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212062

Registration District No. 28 State File No. 2161

(If born in hospital or institution give name.)

Prim. Registration District No. 2161 Local Registrar's No. 187

2. FULL NAME OF CHILD Infant Grey

3. Sex	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth
		5. Number, in order of birth	Full term		<u>May 6, 1933</u> (MONTH, DAY, YEAR)

9. Full name	FATHER <u>Fred Grey</u>	18. Full maiden name	MOTHER <u>Hilda Jackson</u>
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10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Potomac</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>same</u>
---	----------------	---	-------------

11. Color or race	<u>wh</u>	12. Age at last birthday	<u>36</u> (years)	20. Color or race	<u>wh</u>	21. Age at last birthday	<u>37</u> (years)
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13. Birthplace (city or place) (State or country)	<u>Russia</u>	22. Birthplace (city or place) (State or country)	<u>Washington</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
	16. Date (month and year) last engaged in this work			17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, { months or weeks } 29. Cause of stillbirth { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shelton at 1200 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) S. C. Gray M. D.

or \_\_\_\_\_, Midwife

Address Potomac, Idaho

Filed 5-30, 1933 S. C. Gray

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DEATH is very important. See instruction on back of certificate.

RECEIVED DEATH 1933

County of Bannock

City of Pocatello

Registration District No. ....

Primary Registration District No. ....

(No. 247 South Hayes Ave.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Grenz

(a) Residence. No. 247 South Hayes Ave. St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 7, 1933.

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,  
(State or country) Idaho.

13. NAME F. C. Grenz

14. BIRTHPLACE (city or town) Russia.  
(State or country)

15. MAIDEN NAME Stella Jackson

16. BIRTHPLACE (city or town) Washington.  
(State or country)

17. INFORMANT Mrs. F. C. Grenz  
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION, OR REMOVAL  
Place Pocatello, Idaho. Date May 8., 1933.

19. UNDERTAKER Arthur W. Hall  
(Address) Pocatello, Idaho.

20. FILED May 8., 1933. D. C. Ray  
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 84448

Local Registrar's No. 72

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from .....  
1933, to ..... 1933.

I last saw him alive on ..... 1933; death is said to have occurred on the date stated above, at 11:58 P.M.  
The principal cause of death and related causes of importance were as follows:

Still born  
periparturient labor  
no one in attendance  
at birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 1933.

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. C. Ray M. D.

(Address) Pocatello, Idaho.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

MAY 5 1964

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. 240 So. 2nd St.

JUN 12 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212064

Registration District No. 28 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2161 Local Registrar's No. 183

2. FULL NAME OF CHILD still born

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>No</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 11, 1933</u> (MONTH DAY, YEAR)
-----------------------	--------------------	----------------------------------	------------------------------------	------------------------	---------------------------	---

9. Full name <u>Harry H. Matthews</u>	FATHER	18. Full maiden name <u>Florence H. Sanders</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>240 So. 2nd</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>240 So. 2nd</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>51</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>43</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>South Point, Ohio</u>	22. Birthplace (city or place) (State or country) <u>Desmark, N. Dakota</u>
---	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>W. r.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>20 yrs.</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation <u>8</u> months or weeks	29. Cause of stillbirth _____
--	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 1:30 m. on the date above stated.  
(Born ALIVE or STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. S. Miller, M. D.

Give name added from a supplemental report \_\_\_\_\_

or \_\_\_\_\_, Midwife

(DATE OF)

Address Pocatello, Idaho

Filed 6-20, 1933 D. Ray

Registrar.

Registrar.

1947-10-17

1947-10-17

1947-10-17

1947-10-17

1947-10-17

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

## PLACE OF DEATH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84450

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 74

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Frank Harper Matthews(a) Residence. No. 240 S. 2nd St. ....

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE ..... 5. Single, Married, Widowed, or Divorced (write the word) .....

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of .....

6. DATE OF BIRTH (month, day, and year) May - 11 - 1933

7. AGE Years Months Days If LESS than 1 day, hrs. min.  
.....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho

13. NAME Harry H. Matthews

14. BIRTHPLACE (city or town) Southpoint  
(State or country) Idaho

15. MAIDEN NAME Flora Sanders

16. BIRTHPLACE (city or town) Bismarck  
(State or country) N. D.

17. INFORMANT Father  
(Address) 240 S. 2nd

18. BURIAL, CREMATION, OR REMOVAL  
Place ..... Date ..... 1933

19. UNDERTAKER Bryon B. Bourne  
(Address) Pocatello, Idaho

20. FILED 5-11, 1933

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from .....

May 11, 1933, to .....

I last saw him alive on ....., 193...: death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Steel Burn

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 193...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. D. Miller, M. D.

(Address) .....

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

219-127-803-168  
1. PLACE OF BIRTH  
County of Bannock JUN 12 1933  
City of Pocatello  
No. St. Anthony  
Mary

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH  
212067  
S

(If born in hospital or institution give name.)  
Registration District No. 28 State File No. 2161  
Prim. Registration District No. 2161 Local Registrar's No. 198

2. FULL NAME OF CHILD Skilborn Barrett

3. Sex. male If plural births { 4. Twin triplet, or other ..... 6. Premature ..... 7. Legiti-  
mate? yes 8. Date of birth 5-27, 1933  
(Month, Day, Year)

9. Full name FATHER Ambrose Barrett 18. Full maiden name MOTHER Mandy Johnson

10. Residence (usual place of abode) Pocatello 19. Residence (usual place of abode) Pocatello  
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 49 (years) 20. Color or race W 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Ireland 22. Birthplace (city or place) Idaho  
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>farmer</u>	<u>laborer</u>				<u>H.W</u>	<u>Home</u>		<u>19</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. If stillborn, { months or weeks } 29. Cause of stillbirth { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) F. S. Miller, M. D.  
was Skilborn at 6 p. on the date above stated. or ..... Midwife  
(Born alive or Stillborn) Address Pocatello

[When there was no attending physician or midwife, then] Filed 5-30, 1933 D. Chay  
[the father, householder, etc., should make this return.] Registrar.

THIS IS TO CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND DATE INDICATED HEREON AND THAT THE SIGNATURE OF THE MIDWIFE IS A TRUE COPY OF THE ORIGINAL RECORD.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

Registration No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

1. Full Name of Child		2. Sex	
3. Date of Birth		4. Time of Birth	
5. Place of Birth		6. Name of Hospital or other place of birth	
7. Full Name of Mother		8. Full Name of Father	
9. Residence (usual place of abode) (If non-resident, give place and State)		10. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race		12. Age at last birthday	
13. Birthplace (city or place) (State or country)		14. Birthplace (city or place) (State or country)	
15. Trade, profession or occupation of mother		16. Trade, profession or occupation of father	
17. Industry or business in which work was done at home		18. Industry or business in which work was done at home	
19. Date (month and year) last engaged in this work		20. Date (month and year) last engaged in this work	
21. Number of children of this mother		22. Number of children of this father	
23. What prophylactic was used to prevent transmission of disease		24. What prophylactic was used to prevent transmission of disease	
25. If stillborn		26. If stillborn	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of the child, who is named \_\_\_\_\_  
and that the facts stated on the card above stated are true.  
Signature \_\_\_\_\_ Address \_\_\_\_\_  
When there was no attending physician or midwife, then the father or mother should make this return.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

## PLACE OF DEATH

County of BannockCity of PocatelloSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84438

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2161Local Registrar's No. 87(No. St. Antony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Paul Nelson Barrett(a) Residence. No. 726 N 15th St.(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) 5/27/337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 08. Trade, profession, or particular kind of work done, as Infant  
sawyer, bookkeeper, etc.9. Industry or business in which work was done, as Infant  
saw mill, bank, etc.10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho13. NAME A.M. Barrett14. BIRTHPLACE (city or town) Ireland  
(State or country)15. MAIDEN NAME Mandy Johnson16. BIRTHPLACE (city or town) Idaho  
(State or country)17. INFORMANT A.M. Barrett  
(Address) Pocatello Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Pocatello Date 5/28/33 193319. UNDERTAKER Hall Mortuary  
(Address) Pocatello20. FILED 6-1, 1933S. C. Ray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 193322. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to May 27, 1933, 1933.I last saw him alive on May 27, 1933, 1933. Death is said to have occurred on the date stated above, at Idaho.  
The principal cause of death and related causes of importance were as follows:Still Birth

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, May 27, 1933Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. D. Miller, M. D.

(Address) \_\_\_\_\_



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

396-105-003-884

JUN 12 1933

1. PLACE OF BIRTH  
County of Bannock  
City of Peakville  
No. St. Anthony St.  
Mervy Hoop  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

212081

Registration District No. 28 State File No. S  
Prim. Registration District No. 2161 Local Registrar's No. 177

2. FULL NAME OF CHILD

Lowell Hymas Crossley

3. Sex. male If plural births { 4. Twin triplet, or other..... 6. Premature..... 7. Legiti-  
Full term..... mate? yes 8. Date of birth May 5, 1933  
(Month, Day, Year)

9. Full name FATHER  
Lowell Samuel Crossley

18. Full maiden name MOTHER  
Elfreda Hymas

10. Residence (usual place of abode)  
(If non-resident, give place and State) Low P. H. Haven

19. Residence (usual place of abode)  
(If non-resident, give place and State) Low P. H. Haven

11. Color or race W 12. Age at last birthday 28 (years)

20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Sharon, Ida  
(State or country)

22. Birthplace (city or place) Liberty, Ida  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hairyman  
15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hairy  
16. Date (month and year) last engaged in this work Present, 19 19 17. Total time (years) spent in this work 1

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. AW  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work Present, 19 19 26. Total time (years) spent in this work 6

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate to top

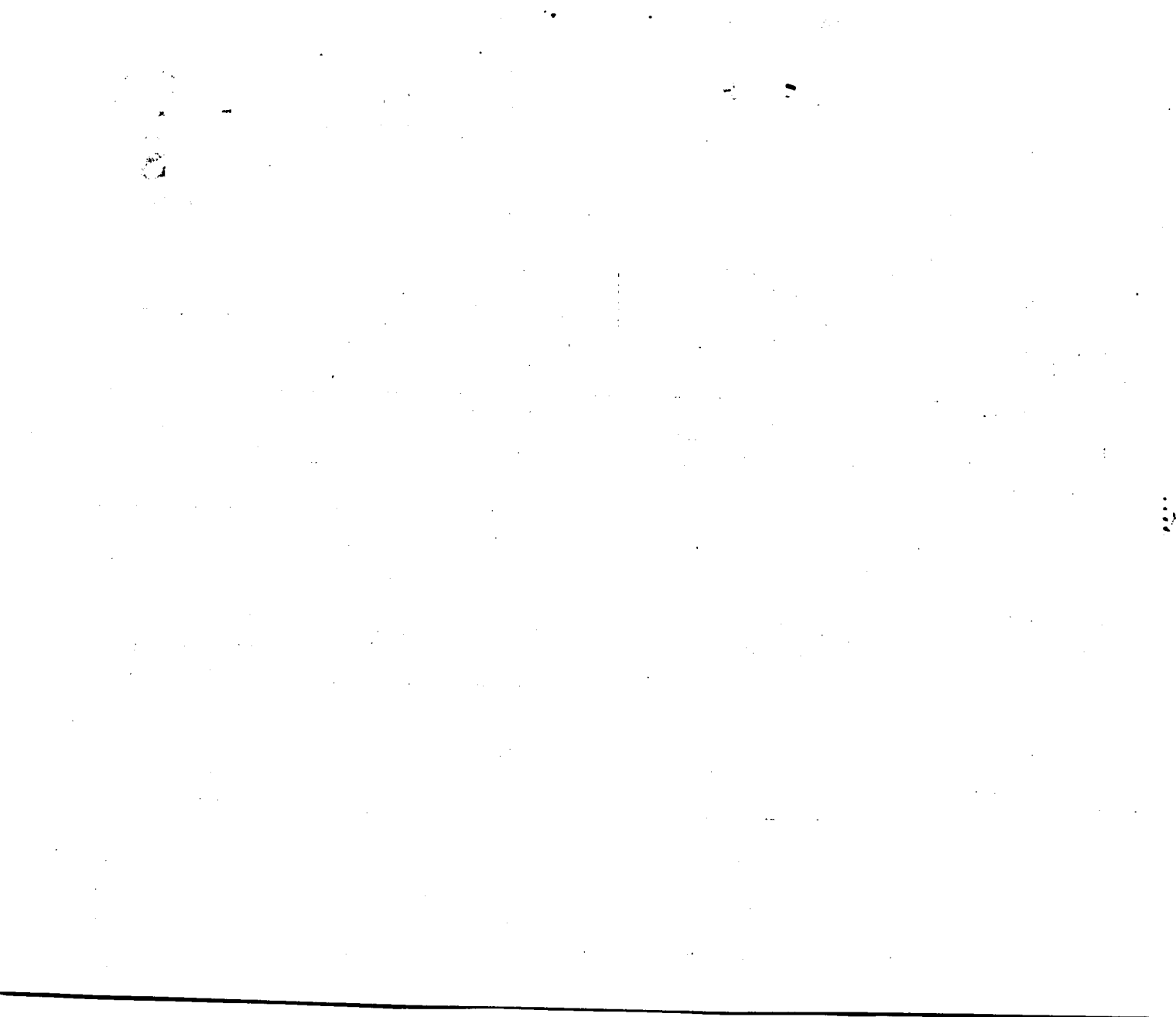
28. If stillborn, { months { Before labor.....  
period of gestation 9 { or weeks { During labor.....  
29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) F. D. Miller, M. D.  
was still born at 5:30 p.m. on the date above stated. or \_\_\_\_\_, Midwife  
(Born Alive or Stillborn)

Address Bo catell  
Filed 5-10, 1933 D. C. Ray  
Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 5 1933

## PLACE OF DEATH

County of Bannock  
City of Pocatello

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84447

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Louise H. Crossley(a) Residence. No. R.F.D. #1 St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, .... hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

13. NAME Louise H. Crossley

14. BIRTHPLACE (city or town) (State or country) Shays Idaho

15. MAIDEN NAME Alfreda Higgins

16. BIRTHPLACE (city or town) (State or country) Liberty Idaho

17. INFORMANT (Address) Louise H. Crossley

18. BURIAL, CREMATION OR REMOVAL Place N. of Pocatello Date 5-6, 1933

19. UNDERTAKER (Address) None

20. FILED 5-5, 1933 D C Ray Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from

May 3<sup>rd</sup>, 1933, to

I last saw him alive on

1933; death is saidto have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance

were as follows:

Still Born

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. S. Miller, M. D.(Address) Pocatello Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

433-107-005-253  
JUN 12 1933

1. PLACE OF BIRTH  
County of Benedict  
City of St. Maries, Ida  
No. 226 N. 4th St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212093

Registration District No. 32 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.)  
Prim. Registration District No. 2049 Local Registrar's No. 27

2. FULL NAME OF CHILD Stelborn (Ray Henry) McLean

3. Sex Male If plural births { 4. Twin triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth May 3, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER Henry J. McLean 18. Full maiden name MOTHER Bertha M. Del

10. Residence (usual place of abode) St. Maries, Ida 19. Residence (usual place of abode) St. Maries, Ida  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Shell City, Tenn 22. Birthplace (city or place) Benedict Co. Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodsman 23. Trade, profession, or particular kind of work done, as housekeeper, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lagging 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 10-12  
1933 25. Date (month and year) last engaged in this work 5-3, 1933 26. Total time (years) spent in this work ✓

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? None account stillborn

28. If stillborn, 9 months { Long and difficult Before labor \_\_\_\_\_  
period of gestation 9 { or weeks labor with disproportion During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) Ca Robins, M. D.  
was stillborn at 1 p.m. on the date above stated. or \_\_\_\_\_ Midwife  
(Born Alive or Stillborn) Address St. Maries, Idaho

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.] Filed 6/1, 1933 W. R. Baker Registrar.

1. PLACE OF BIRTH \_\_\_\_\_  
2. DATE OF BIRTH \_\_\_\_\_  
3. CITY \_\_\_\_\_  
4. STATE \_\_\_\_\_  
5. COUNTRY \_\_\_\_\_

STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

SECRET

Registrar District No. \_\_\_\_\_  
 State File No. \_\_\_\_\_  
 Registrar District No. \_\_\_\_\_  
 State File No. \_\_\_\_\_

(If born in hospital or institution)  
Don't give names.

5. FULL NAME OF CHILD:

1028	8 Date of birth (Month, Day, Year)	7 Legality	6 Permanent	5 With trial or other	4 Number, in order of birth	3 If placed	2	1
------	------------------------------------	------------	-------------	-----------------------	-----------------------------	-------------	---	---

18. Full name	FATHER	18. Full name	MOTHER
------------------	--------	------------------	--------

10. Residence (usual place of abode)	10. Residence (usual place of abode)
(If non-resident, give place and date)	(If non-resident, give place and date)

11. Color or race: [redacted] Age at last birth: [redacted]

12. Birthplace (city or place) \_\_\_\_\_  
State or country \_\_\_\_\_

[illegible]

15. Industry in which work was done in this mill, saw-  
mill, bank, etc.

16. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work	17. Total time (years)
18. Date (month and year) last engaged in this work	19. Total time (years)

NAME	DATE	TIME	LOCATION	REMARKS
10	1943	12:30	Spent in this work	
10	1943	12:30	Spent in this work	

1. Name of child (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

What prophylactic was used to prevent Ophthalmia Neonatorum?

period of restoration

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

1. I hereby certify that I attended the birth of this child, was (signed) \_\_\_\_\_

70

*Handwritten:* [illegible] 8007

[illegible]

[illegible]

JUN. 12 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84464

State File No. ....

## PLACE OF DEATH

County of BenedictCity of St. Maries, Ida.Registration District No. 32Primary Registration District No. 2049(No. 226 N. 4th St.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 202. FULL NAME Steebarn (Ray Henry) McLean(a) Residence. No. 226 N. 4th St. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single Married, Widowed, or Divorced (Write the word) Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSteebarn6. DATE OF BIRTH (month, day and year) 5-3-337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Age term

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St. Maries, Ida.

## 10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or country) St. Maries, Ida.

## 12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Benedict Co., Ida.14. Informant Dr. C. A. Robin(Address) St. Maries, Ida.15. Filed 5-22-33 Walter Roberg

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

5-3-33  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

5-3-33, 1933, to 5-3-33, 1933that I delivered him asand that death occurred on the date stated above, at 1 P. m.

The CAUSE OF DEATH\* was as follows

Ray and difficult labor due to disproportion.Had no pre-natal care

## CONTRIBUTORY

(Secondary)

Forceps followed by18. Where was disease contracted (duration) yrs. mos. ds. at St. Maries, Ida.if not at place of death? at St. Maries, Ida.Did an operation precede death? Yes Date of 5-3-33Was there an autopsy? YesWhat test confirmed diagnosis? CA Robin

(Signed)

5-3-33 (Address) St. Maries, Ida.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

St. Maries, Ida.May 5 1933

20. Undertaker

Address

Walter RobergSt. Maries

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 12 1933

1. PLACE OF BIRTH  
County of Bingham  
City of Pingree  
No. R1 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
212104

Registration District No. 116 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.)  
Prim. Registration District No. 2195 Local Registrar's No. 40

2. FULL NAME OF CHILD

Stillborn De Giulio

3. Sex Male If plural births { 4. Twin triplet, or other \_\_\_\_\_ 6. Premature no 7. Legitimate yes 8. Date of birth May 7, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER John De Giulio 18. Full maiden name MOTHER Cecilia Garofoli

10. Residence (usual place of abode) Pingree 19. Residence (usual place of abode) Pingree  
(If non-resident, give place and State)

11. Color or race White 20. Color or race White 21. Age at last birthday 33 (years)

12. Age at last birthday 44 (years) 22. Birthplace (city or place) Italy  
(State or country)

13. Birthplace (city or place) Italy 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
17. Total time (years) \_\_\_\_\_  
18. \_\_\_\_\_ spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Instrument

28. If stillborn, 9 months or weeks 29. Cause of stillbirth Protracted labor Before labor \_\_\_\_\_  
period of gestation \_\_\_\_\_ Contracted Pelvis During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:15 P on the date above stated.  
(Born Alive or Stillborn)

(Signed) W W Beck, M. D.

or \_\_\_\_\_, Midwife

Address Blackfoot Ida

Filed June 6, 1933 M. C. McKinnon Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

Printed in Idaho at the State of Idaho, Department of Public Welfare, Bureau of Vital Statistics, Boise, Idaho, 1908.

1. PLACE OF BIRTH

County of \_\_\_\_\_  
City of \_\_\_\_\_  
State of \_\_\_\_\_

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

3. Full name of father  
4. Full name of mother

5. Full name of mother (if different from above)

6. Residence (usual place of abode)

7. Residence (city or place)

8. Residence (city or place)

9. Residence (city or place)

10. Residence (city or place)

11. Residence (city or place)

12. Residence (city or place)

13. Residence (city or place)

14. Residence (city or place)

15. Residence (city or place)

16. Residence (city or place)

17. Residence (city or place)

18. Residence (city or place)

19. Residence (city or place)

20. Residence (city or place)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

21. Residence (city or place)

22. Residence (city or place)

23. Residence (city or place)

24. Residence (city or place)

25. Residence (city or place)

26. Residence (city or place)

27. Residence (city or place)

28. Residence (city or place)

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32. Residence (city or place)

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39. Residence (city or place)

40. Residence (city or place)

41. Residence (city or place)

2

21. Residence (city or place)

22. Residence (city or place)

23. Residence (city or place)

24. Residence (city or place)

25. Residence (city or place)

26. Residence (city or place)

27. Residence (city or place)

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35. Residence (city or place)

36. Residence (city or place)

37. Residence (city or place)

38. Residence (city or place)

39. Residence (city or place)

40. Residence (city or place)

41. Residence (city or place)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child and (Signed) \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

When there was no attending physician or midwife to the father, psychologist, etc. should make this entry.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 12 1932

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE  
84467  
State File No. ....

County of Bingham  
City of Pingree

Registration District No. 176  
Primary Registration District No. 2195 Local Registrar's No. 10

(No. ....)  
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Stillborn De Giulio  
(a) Residence. No. Pingree Ida St. 206  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE White  
5. Single, Married, Widowed, or Divorced (write the word) Single  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH (month, day, and year) May 7, 1933  
7. AGE Years Months Days LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Pingree, Ida

13. NAME John De Giulio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Cecilia Garofoli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) John De Giulio  
Pingree Ida

18. BURIAL, CREMATION, OR REMOVAL Place Pingree Ida Date May 8, 1933

19. UNDERTAKER (Address) Blackfoot

20. FILED May 9, 1933 3 M. C. Matkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to May 7, 1933  
I last saw him Stillborn, 1933; death is said to have occurred on the date stated above, at 8:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Protracted labor

Other contributory causes of importance:

Instrument del.  
Contracted Pelvis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? (Specify city or town, county, and State) \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. W. Beck, M. D.  
(Address) Blackfoot, Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **212347**

1. **RECEIVED MAY 29 1933**

County of Chambers

City of Elk River

No. 843-10-18-985

Registration District No. 91

State File No. 2

(If born in hospital or institution  
give name.)

Prim. Registration District No. 2168

Local Registrar's No. 2

2. FULL NAME OF CHILD Baby Hill

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legiti- <u>yes</u>	8. Date of birth <u>Mar 7</u> , 1933
		5. Number, in order of birth	Full term	mate?	(MONTH, DAY, YEAR)

9. Full name FATHER <u>Glenn W. Hill</u>	18. Full maiden name MOTHER <u>Annie M. Roe</u>
10. Residence (usual place of abode) <u>Elk River</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Elk River</u> (If non-resident, give place and State)
11. Color or race <u>M</u>	20. Color or race <u>White</u>
12. Age at last birthday <u>38</u> (years)	21. Age at last birthday <u>39</u> (years)
13. Birthplace (city or place) <u>Bainbridge, Miss.</u> (State or country)	22. Birthplace (city or place) <u>England</u> (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machine operator</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>
	16. Date (month and year) last engaged in this work <u>Jan 1</u> , 1933		25. Date (month and year) last engaged in this work <u>✓</u> , 19
17. Total time (years) spent in this work <u>2 yrs</u>		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, 8 months or weeks { 29. Cause of stillbirth unknown } Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Glenn W. Hill at 2:30 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

Registrar.

(Signed) E. W. Hill, M. D.

or \_\_\_\_\_, Midwife

Address Elk River

Filed May 26, 1933 M. Hambley Registrar.



[The page contains several paragraphs of extremely faint, illegible text. The text is scattered across the page, with some lines appearing more clearly than others. The overall quality is poor, making it impossible to transcribe the content accurately.]

RECEIVED MAY 29 1933

Form V. S. No. 5 20M-16-12

## CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics

File No. 84555

Registered No. 21

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

1. PLACE OF DEATH

Registration District No. 91

County of Clearwater

Primary Registration District No. 2168

City of Elk River

(No. , St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Baby Hill

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single  
(Write the word.)

6. DATE OF BIRTH

Stellborn

Mch

3

1933

(Month)

(Day)

(Year)

7. AGE

Stellborn

yrs.

mos.

ds.

IF LESS than 1 day  
how many hrs. or  
mins.?

8. OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Elk River Idaho

10. NAME OF FATHER

Theron W Hill

11. BIRTHPLACE OF FATHER

(State or Country)

Bancroft Wis.

12. MAIDEN NAME OF MOTHER

Anna M Rae

13. BIRTHPLACE OF MOTHER

(State or Country)

England

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Theron W Hill

(Address)

Elk River

15.

Filed

May 26 1933

M. Hamby

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Stellborn

(Month)

(Day)

191

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

191

to

191

that I last saw h. alive on 191

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH\* was as follows:

Stellborn cause unknown

(Duration)

yrs.

mos.

ds.

Contributory

(Secondary)

(Duration)

yrs.

mos.

ds.

(Signed)

E. M. White

M. D.

19

(Address)

Elk River

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place

of death

yrs.

mos.

days.

In the

State

yrs.

mos.

days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

March 3 1933

20. UNDERTAKER

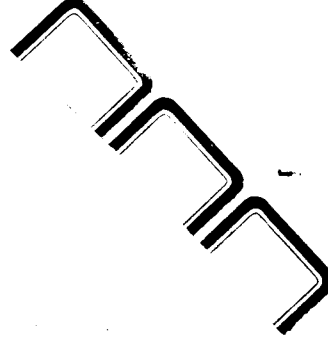
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.





A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

*spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*," ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify as "*PUERPERAL, septicemia*," "*PUERPERAL peritonitis*," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—LAST AND FIRST NAMES OF EACH, IN ORDER OF BIRTH, STATED.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number

1. **RECEIVED MAY 29 1933**

County of **Blairwater**  
City of **Elk River**  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

**S**  
**212348**

(If born in hospital or institution give name.)

Registration District No. **91** State File No. \_\_\_\_\_

Prim. Registration District No. **2168** Local Registrar's No. **3**

2. **FULL NAME OF CHILD. Stillborn about four months**

3. Sex <b>Male</b>	If plural births {	4. Twin, triplet, or other _____	6. Premature <b>Yes</b>	Legitimate? <b>Yes</b>	8. Date of birth <b>April 30-1933</b> 193 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <b>No</b>		

9. Full name <b>S. Archie Winter</b>	FATHER	18. Full maiden name <b>Edith Waddell</b>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <b>Elk River</b>	19. Residence (usual place of abode) (If non-resident, give place and State) _____
--	---

11. Color or race <b>White</b>	20. Color or race <b>White</b>	12. Age at last birthday <b>27</b> (years)	21. Age at last birthday _____ (years)
--------------------------------	--------------------------------	--	--

13. Birthplace (city or place) (State or country) <b>Little Falls Min.</b>	22. Birthplace (city or place) (State or country) <b>Blackfoot Mont.</b>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer Saw mill</b>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <b>Housewife</b>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <b>Saw Mill</b>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <b>Own home.</b>
	16. Date (month and year) last engaged in this work <b>About Sept 1931</b>		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **2**, (b) Born alive but now dead \_\_\_\_\_, (c) Stillborn **1**.

28. If stillborn, <b>About 4 mos</b> { months } period of gestation _____ { or weeks }	29. Cause of stillbirth <b>Evident placenta previa or marginal</b>	Before labor <b>X</b>
	<b>Flowing periodically for some weeks</b>	During labor <b>X</b>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **stillborn** at **8-30 Pm.** on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) **E. Whelan** \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address **Elk River Idaho**

Filed **May 26** 1933 **M. Hamby**

Registrar.

Registrar.

SECRET  
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RECEIVED MAY 29 1933

Form V. S. No. 5 20M.1-10-12

## CERTIFICATE OF DEATH

State of Idaho  
BOARD OF HEALTH  
Bureau of Vital Statistics  
File No. **84556**

1. PLACE OF DEATH. Registration District No. **91**  
County of **Clearwater** Primary Registration District No. **2168**  
City of **Elk River** (No. \_\_\_\_\_, \_\_\_\_\_ St.)

Registered No. **2**

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME **Stillborn about four months**

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. **Married**  
(Write the word.)

## 6. DATE OF BIRTH

**April 30 1933**  
(Month) (Day) (Year)

## 7. AGE

**Stillborn**

IF LESS than 1 day  
how many \_\_\_\_\_ hrs. or  
\_\_\_\_\_ mins.

## 8. OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)

## 9. BIRTHPLACE

(State or Country)

**Idaho Clearwater county**

## 10. NAME OF FATHER

**S. Archie Winter**

## 11. BIRTHPLACE OF FATHER

(State or Country)

**Little Falls, Minn.**

## 12. MAIDEN NAME OF MOTHER

**Edith Waddell**

## 13. BIRTHPLACE OF MOTHER

(State or Country)

**Blackfoot, Mont.**

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mother of father, Mrs. Gillard.**(Address) **Elk River, Idaho.**

## 15.

Filed

**May 26**19**33****M. Hamblly**

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

**April 30th, 1933**  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Stillborn** 191, to 191,

that I last saw h. \_\_\_\_\_ alive on 191,

and that death occurred on the date stated above, at \_\_\_\_\_ M.

The CAUSE OF DEATH\* was as follows:

**Evident Placenta previa. Flowing had been every few days but no examination made**

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) **E. M. White** M. D.

19 (Address) **Elk River, Idaho.**

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

Where was disease contracted if not at place of death?

Former or usual residence

## 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

**April 30 1933**

## 20. UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

*spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 12 1933

STATE OF IDAHO

County of Franklin  
City of Whitney  
No. 317 St.

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212361

Registration District No. 27 State File No. 2119  
(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 108

FULL NAME OF CHILD Estelbasa Laguna  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate	Date of birth <u>5-12-</u> , 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead Stillborn 1

FATHER	MOTHER
FULL NAME <u>Jase Laguna</u>	FULL MAIDEN NAME <u>Ennassia Pallid</u>

Residence (Usual place of abode) <u>Whitney</u>	Residence (Usual place of abode) <u>Whitney</u>
--	--

If non-resident, give place and State	If non-resident, give place and State
--	--

Color or race <u>Mexican</u> Age at last birthday <u>36</u> (Years)	Color or race <u>mexican</u> Age at last birthday <u>36</u> (Years)
--	--

Birthplace <u>Mexico</u> (City and State or County)	Birthplace <u>Mexico</u> (City and State or County)
--	--

Occupation <u>Farm Labor</u>	Occupation <u>N. A.</u>
------------------------------	-------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 P. M.  
on the date above stated.

(Signature) A. R. Cullen

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician) Dr. Cullen  
Address Preston  
Filed June 8 1933 Geo. Stokes  
Registrar.

110D

RECEIVED JUN 3 1933

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

212466

## 1. PLACE OF BIRTH

County of Idaho  
City of Cottonwood  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 105 State File No. \_\_\_\_\_Prim. Registration District No. 2183 Local Registrar's No. 21

(If born in hospital or institution give name.)

## 2. FULL NAME OF CHILD

James Whlenkatt (Stillborn)

## 3. Sex.

If plural  
births

4. Twin triplet, or other.

5. Number, in order of birth.

6. Premature.

Full term.

7. Legiti-

mate? yes

8. Date of

birth.

(Month, Day, Year)

May 31, 19339. Full  
name

## FATHER

Joseph Aug Whlenkatt

## 10. Residence (usual place of abode)

(If non-resident, give place and State)

## 11. Color or race.

12. Age at last birthday 26 (years)

## 13. Birthplace (city or place)

(State or country)

Cottonwood  
Idaho14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farming15. Industry or business in which  
work was done, as silk mill, saw-  
mill, bank, etc.

## 16. Date (month and year)

last engaged in this work

## 17. Total time (years)

spent in this work Life

## 27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living. 0 (b) Born alive but now dead. 1 (c) Stillborn. 1

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

## 28. If stillborn,

8 1/2

period of gestation

{ months  
or weeks

## 29. Cause of stillbirth

Difficulties during

{ Before labor.

{ During labor.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who

(Signed) Nesley F. Orr, M. D.was Stillborn at 9 a.m. on the date above stated.

or \_\_\_\_\_, Midwife

(Born Alive or Stillborn)

Address

CottonwoodFiled May 31, 1933N. F. Orr

Registrar.

per J.B.[When there was no attending physician or midwife, then  
the father, householder, etc., should make this return.]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



**CERTIFICATE OF BIRTH**  
**BUREAU OF VITAL STATISTICS**  
**DEPARTMENT OF PUBLIC WELFARE**

County of Alameda  
 City of San Francisco  
 (If born in hospital or institution give name)  
 Birth Registration District No. 10  
 From Registration District No. 10

1. Full Name of Child <u>John William Smith</u>		2. Sex <u>Male</u>	3. Date of Birth <u>Jan 10 1903</u>	4. Place of Birth <u>San Francisco, Cal.</u>	5. Name of Mother <u>Elizabeth Smith</u>	6. Name of Father <u>John Smith</u>	
7. Color or race <u>White</u>		8. Age at last birthday (years) <u>0</u>		9. Residence (usual place of abode) <u>San Francisco, Cal.</u>		10. Residence (usual place of abode) <u>San Francisco, Cal.</u>	
11. Color or race <u>White</u>		12. Age at last birthday (years) <u>0</u>		13. Residence (usual place of abode) <u>San Francisco, Cal.</u>		14. Residence (usual place of abode) <u>San Francisco, Cal.</u>	
15. Trade, profession, or particular kind of work done, as business, farmer, etc. <u>None</u>		16. Trade, profession, or particular kind of work done, as business, farmer, etc. <u>None</u>		17. Industry or business in which work was done, as mill, saw-mill, bank, etc. <u>None</u>		18. Industry or business in which work was done, as mill, saw-mill, bank, etc. <u>None</u>	
19. Date (month and year) <u>Jan 10 1903</u>		20. Date (month and year) <u>Jan 10 1903</u>		21. Date (month and year) <u>Jan 10 1903</u>		22. Date (month and year) <u>Jan 10 1903</u>	
23. Last engaged in this work (years) <u>None</u>		24. Last engaged in this work (years) <u>None</u>		25. Last engaged in this work (years) <u>None</u>		26. Last engaged in this work (years) <u>None</u>	
27. Born alive and now living <u>Yes</u>		28. Born alive and now living <u>Yes</u>		29. Born alive and now living <u>Yes</u>		30. Born alive and now living <u>Yes</u>	

What prophylactic was used to prevent Ophthalmia Neonatorum?  
None  
 31. Stillborn  
None  
 32. Cause of stillbirth  
None  
 33. Cause of stillbirth  
None  
 34. Cause of stillbirth  
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 35. Cause of stillbirth  
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 36. Cause of stillbirth  
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 96. Cause of stillbirth  
None  
 97. Cause of stillbirth  
None  
 98. Cause of stillbirth  
None  
 99. Cause of stillbirth  
None  
 100. Cause of stillbirth  
None

FORM NO. 823		JUN 3 1933		CERTIFICATE OF DEATH		State of Idaho BOARD OF HEALTH Bureau of Vital Statistics	
1. PLACE OF DEATH				Registration District No. 105		File No. 84588	
County of Idaho				Primary Registration District No. 2183		Registered No. 18	
City of Cottonwood				Care Lady of Consolation		If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
If death occurs away from usual residence, give facts called for under special information.				2. FULL NAME James Whlenkatt (Stieber)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX M.	4. COLOR OR RACE H.	5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single (Write the word.)					
6. DATE OF BIRTH May 4 1933 (Month) (Day) (Year)							
7. AGE		IF LESS THAN 1 day how many hrs. or min.?					
Yrs. Mos. ds.							
8. OCCUPATION							
(a) Trade, profession or particular kind of work.							
(b) General nature of industry, business or establishment in which employed (or employer).							
9. BIRTHPLACE Idaho (State or Country)							
10. NAME OF FATHER Joseph A. Whlenkatt							
11. BIRTHPLACE OF FATHER Cottonwood, Ida. (State or Country)							
12. MAIDEN NAME OF MOTHER Irene Spruitt							
13. BIRTHPLACE OF MOTHER Fenn. Idaho (State or Country)							
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE							
(Informant) Joseph Whlenkatt Jr.							
(Address) Cottonwood, Ida.							
15. Filed May 5 1933 H. F. Orr per J. B. Local Registrar							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH May 4 1933 (Month) (Day) (Year)							
17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 19 and that death occurred on the date stated above, at 9 A.M.							
The CAUSE OF DEATH* was as follows: Difficult pelvic Version.							
(Duration) Yrs. mos. ds.							
Contributory (Secondary) (Duration) yrs. mos. ds.							
(Signed) Neely F. Orr M. D.							
5/5 1933 (Address) Cottonwood							
*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.							
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)							
At place of death yrs. mos. days. In the State yrs. mos. days.							
Where was disease contracted if not at place of death?							
Former or usual residence							
19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL							
Cottonwood, Ida. May 5 1933							
20. UNDERTAKER ADDRESS							
J. H. Hilliard Cottonwood, Ida.							

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis*, *tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Jerome  
City of Jerome

No. 993-229027-255 St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212442

Registration District No. 18 State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate yes 8. Date of birth April 29, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (MONTH, DAY, YEAR)

9. Full name FATHER James L. Rice  
10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

11. Color or race W 12. Age at last birthday 31 (years)  
13. Birthplace (city or place) (State or country) S Dakota

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name MOTHER Harriett E Bennett  
19. Residence (usual place of abode) (If non-resident, give place and state) \_\_\_\_\_

20. Color or race W 21. Age at last birthday 27 (years)  
22. Birthplace (city or place) (State or country) Idaho

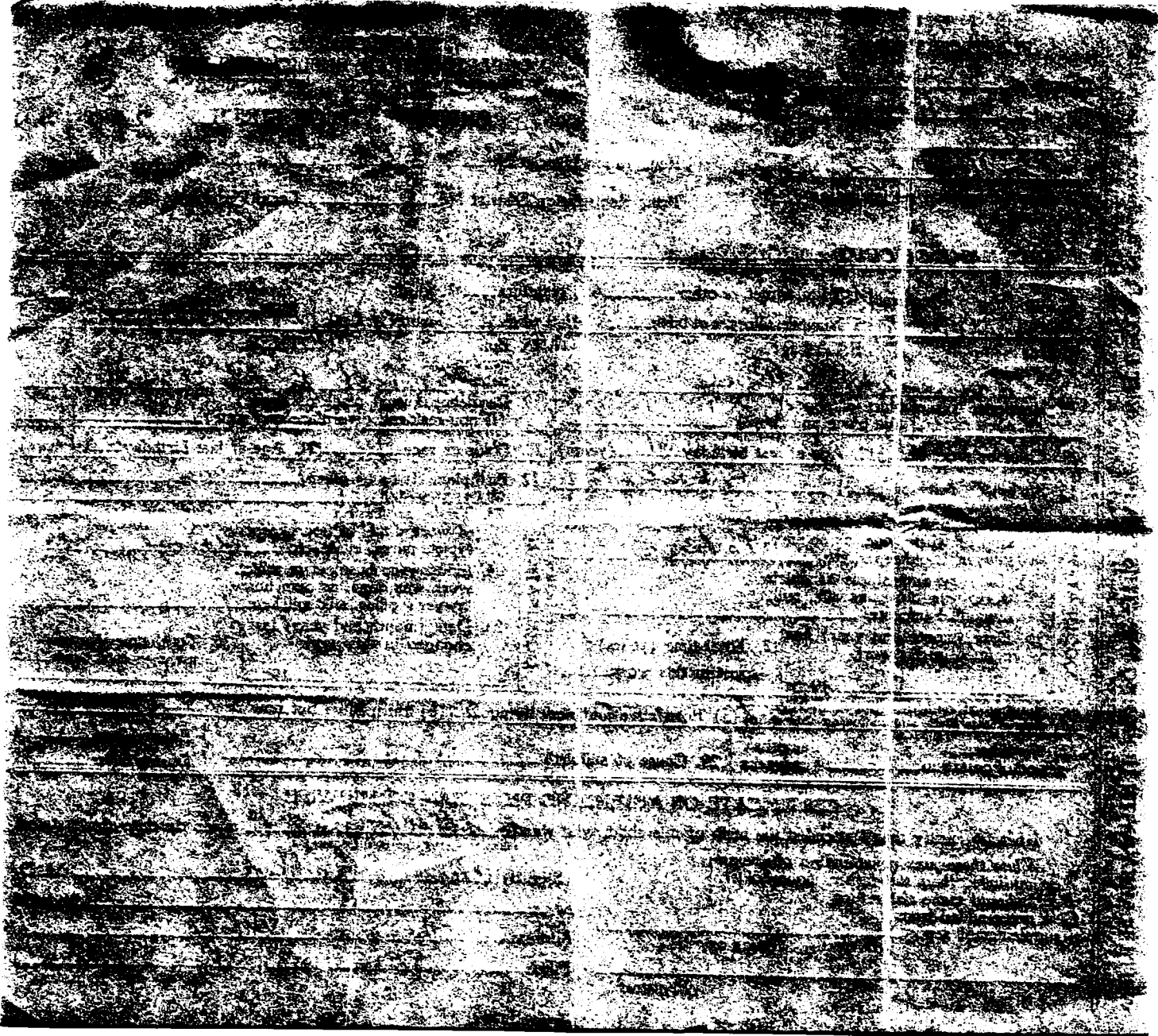
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house work  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) 7 (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_  
28. If stillborn, { months { 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_  
period of gestation { or weeks { During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4 P m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
{ When there was no attending physician {  
{ or midwife, then the father, householder, {  
{ etc., should make this return. {  
Give name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_  
\_\_\_\_\_  
Registrar.

(Signed) Chas F Zeller, M. D.  
or \_\_\_\_\_, Midwife  
Address Jerome Idaho  
Filed 5/26, 1933 Chas F Zeller  
Done Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 24 1933

## PLACE OF DEATH

County of Jerome  
City of \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

84593

State File No. \_\_\_\_\_

Registration District No. 18

Primary Registration District No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 29-1933

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Jerome Idaho  
(State or country)

13. NAME James L Rice

14. BIRTHPLACE (city or town) S. Dakota  
(State or country)

15. MAIDEN NAME Harnet E. Bennett

16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT J. L. Rice  
(Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date 4/30, 1933

19. UNDERTAKER  
(Address)

20. FILED May 24, 1933 Chas. F. Zeller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1933, to April 29, 1933.

I last saw him alive on \_\_\_\_\_, 1933: death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance

were as follows:

Still Born

due to knotting of umbilical cord, with cutting off circulation

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Zeller, M.D.

(Address) Jerome, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACED ON FILE JUN 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

212468

CERTIFICATE OF BIRTH

County of Postonai  
City of Coale  
No. Emma St.

219-223-028-252

(If born in hospital or institution give name.)

Registration District No. 30 State File No. 32

Prim. Registration District No. 1056 Local Registrar's No. 32

FULL NAME OF CHILD Blanche Ola Bailey

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>2</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>/</u>	Date of birth <u>May 23rd</u> , 193 <u>3</u> (Month) (Day) (Year)
-----------------------	---	-----	--------------------------------	---------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>Albert Horace Bailey</u> Residence (Usual place of abode) <u>Emma</u> If non-resident, give place and State Color or race <u>W</u> Age at last birthday <u>21</u> Birthplace <u>Grizzly Calif.</u> (City and State or County) Occupation <u>Lumber</u>	MOTHER FULL NAME <u>Evanille Jane Best</u> Residence (Usual place of abode) If non-resident, give place and State Color or race <u>W</u> Age at last birthday <u>20</u> Birthplace <u>Mica Idaho</u> (City and State or County) Occupation <u>Housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated.

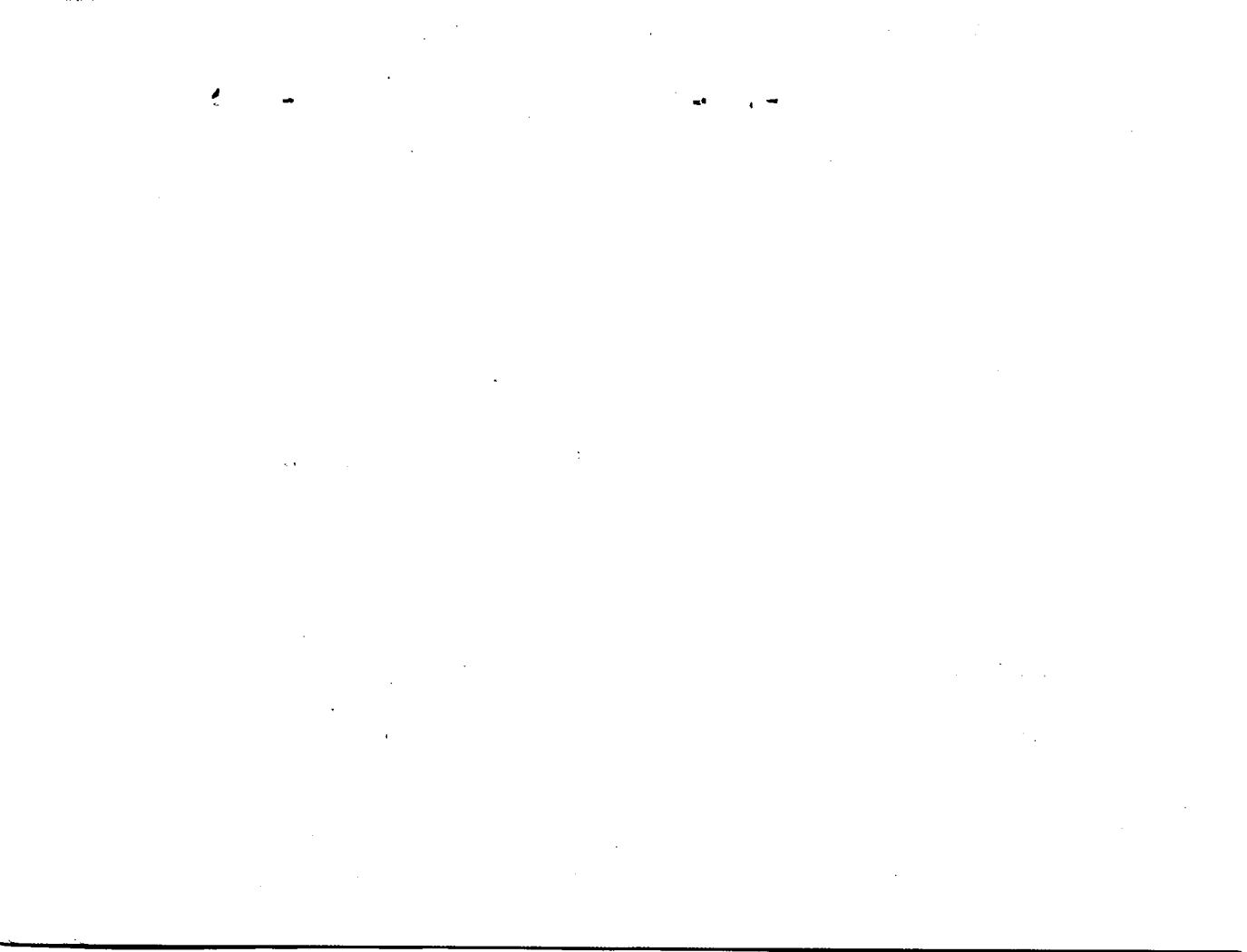
(Signature) E. L. Spohn M.D.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Coale Idaho

Filed 5-31- 1933 E. L. Spohn M.D. Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

## PLACE OF DEATH

County of BooleCity of Gibbs

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 85023Local Registrar's No. 28

(No. of death occurred in hospital or institution, give its name instead of street and number.)  
2. FULL NAME Blanche Ola Bailey St. 206  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) 1933 - 5 - 23

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene  
(State or country) Idaho

13. NAME Albert Bailey

14. BIRTHPLACE (city or town) Calif.  
(State or country)

15. MAIDEN NAME Evansville Best-

16. BIRTHPLACE (city or town) Mesa, Ariz.  
(State or country) Idaho

17. INFORMANT Albert Bailey  
(Address)

18. BURIAL, CREMATION, OR REMOVAL Idaho  
Place Coeur d'Alene Date 5-24, 1933

19. UNDERTAKER Cassidy Funeral Home  
(Address) Coeur d'Alene, Idaho

20. FILED 5/31, 1933 E. L. Spohn, M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 23, 1933.

I last saw her on May 23, 1933; death is said to have occurred on the date stated above, at 5:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Still Birth  
Cervical Obstruction  
Perforated Uterus on  
Posterior wall of Cervix  
Causing obstruction  
Normal delivery

Date of onset

0

Pulmotor used 30 minutes  
with no results

Name of operation no of \_\_\_\_\_  
What test confirmed diagnosis failed to breath Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1933.

Where did injury occur? no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) E. L. Spohn, M.D.  
(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. **RECEIVED JUN 7 1933**

County of Shoshone  
City of Coeur d'Alene  
No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

**S**  
212474

Registration District No. 30 State File No. \_\_\_\_\_  
Prim. Registration District No. 1050 Local Registrar's No. 27

2. **FULL NAME OF CHILD** no name

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature <input checked="" type="checkbox"/>	7. Legitimacy <u>yes</u> mate?	8. Date of birth <u>4 17</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>Rex A. Mooney</u>			18. Full maiden name <u>MOTHER</u> <u>Rosa Anna Lahr</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>713 S Twelfth</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>713 S Twelfth</u>		
11. Color or race <u>White</u> Age at last birthday <u>20</u> (years)			20. Color or race <u>White</u> Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) <u>Coeur d'Alene</u> (State or country) <u>Idaho</u>			22. Birthplace (city or place) <u>Crescent</u> , <u>Iowa</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work	
		17. Total time (years) spent in this work			26. Total time (years) spent in this work
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>5 Mon.</u> months or weeks			29. Cause of stillbirth <u>Natural abortion</u> Before labor <u>yes</u> During labor <u>yes</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 6 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report

(DATE OF)

(Signed) [Signature], M. D.

or \_\_\_\_\_, Midwife

Address Coeur d'Alene Idaho

Filed May 8 -, 1933 E. L. Spahr  
Registrar.



[The remainder of the page contains extremely faint, illegible text, likely due to heavy noise or redaction. The text is organized into several horizontal lines across the page.]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 5 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84255

State File No. ....

County of Boise

City of P. O. A.

Registration District No. 30

Primary Registration District No. 10.50

Local Registrar's No. 53

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Mooney

(a) Residence. No. 713 So 12th St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 17, 1933

7. AGE Years Months Days If LESS than 1 day, 0 hrs. or 0 min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

13. NAME Rex A Mooney

14. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

15. MAIDEN NAME Rosa Lohr

16. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

17. INFORMANT Rex A Mooney  
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Boise Date 4-18, 1933

19. UNDERTAKER Mooney Mortuary  
(Address) Boise Idaho

20. FILED 4-22, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-17 1933

22. I HEREBY CERTIFY, That I attended deceased from

Boise, 1933, to April 18, 1933.

I last saw him alive on April 18, 1933; death is said

to have occurred on the date stated above, at Boise m.

The principal cause of death and related causes of importance

were as follows: Pneumonia (5 months)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Occupational

(Signed) Boise Idaho M. D.

(Address) Boise Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED JUN 13 1935

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212495

## 1. PLACE OF BIRTH

County of LemhiCity of May

No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution  
give name.)Registration District No. 41 State File No. \_\_\_\_\_Prim. Registration District No. 2116 Local Registrar's No. \_\_\_\_\_2. FULL NAME OF CHILD Stewart John

3. Sex <u>Male</u>	4. Twin, triplet, or other <u>births</u>	5. Number, in order of birth _____	6. Premature <u>Full term</u>	7. Legitimate <u>mate?</u>	8. Date of birth <u>4-23</u> 193 <u>5</u> (MONTH, DAY, YEAR)
--------------------	--	------------------------------------	-------------------------------	----------------------------	---

9. Full name <u>Walter Irish</u>		18. Full maiden name <u>Mrs Blanchard</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>May</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>May</u>	
11. Color or race <u>Wht</u>		20. Color or race <u>Wht</u>	
12. Age at last birthday <u>24</u> (years)		21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) (State or country) <u>Idaho</u>		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Hwf</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 228. If stillborn, period of gestation 5 mo { months or weeks } 29. Cause of stillbirth Unknown { Before labor yes During labor \_\_\_\_\_ }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 3 p. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) JS Wright, M. D.

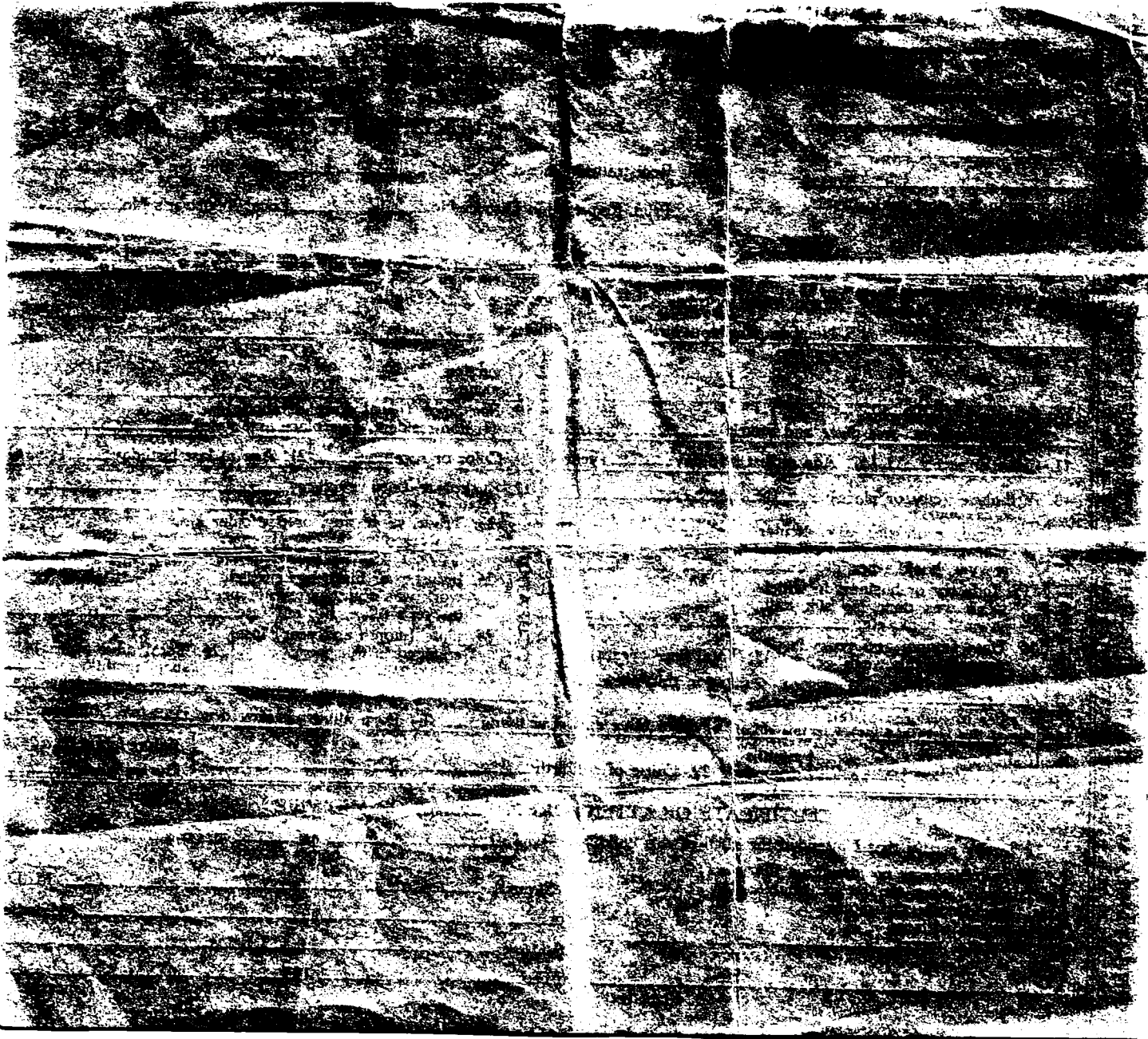
or \_\_\_\_\_, Midwife

Address SalmonFiled June 10 1935 Chas. E. Bellamy Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.





"ALL INFORMATION PLAINED WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated."

1. PLACE OF BIRTH MAY 22 1933

County of Tuacacah  
City of Marathon

No. 551-121032-319 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

212513

Registration District No. 16 State File No. 66

Prim. Registration District No. Local Registrar's No. 66

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 21, 1933</u> (MONTH, DAY, YEAR)
5. Number, in order of birth			Full term <u>yes</u>		

9. Full name <u>Walter J. Evans</u>	FATHER	18. Full maiden name <u>Edna Tarnan</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Marathon</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Marathon</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>33</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Ohio</u>	22. Birthplace (city or place) (State or country) <u>No. Dak.</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truckman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Trucking</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	25. Date (month and year) last engaged in this work <u>To date</u> , 19 <u>33</u>	26. Total time (years) spent in this work <u>6</u>

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation <u>6 1/2</u> months or weeks	29. Cause of stillbirth <u>Fall</u>	Before labor <u>yes</u>	During labor
--	-------------------------------------	-------------------------	--------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) T. E. D. Burnett M. D.

or \_\_\_\_\_, Midwife

Address Marathon

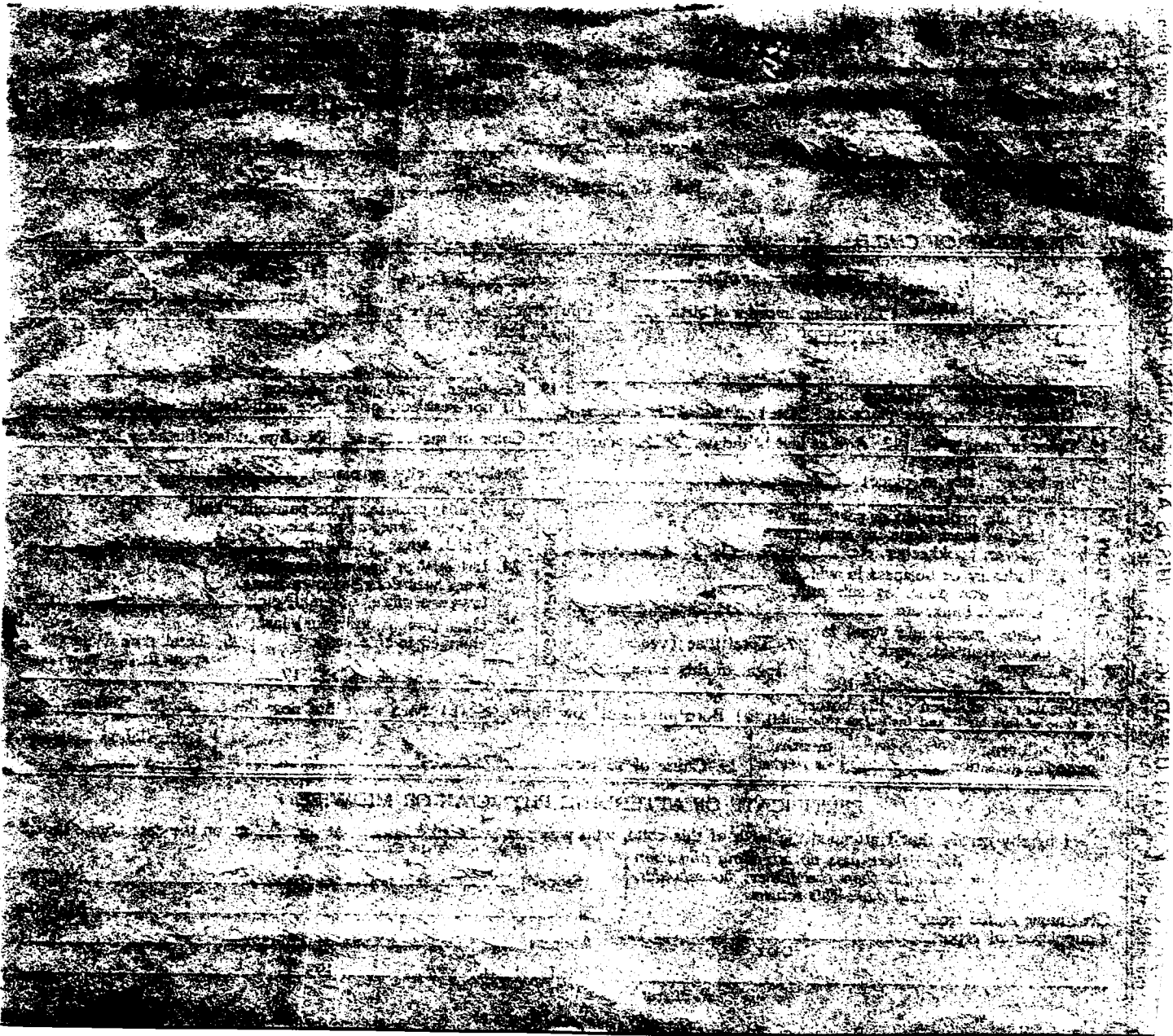
Filed 5/18, 1933

Registrar J. T. Fuller

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF)

Registrar.

B. J. Adams



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAY 12 1933

## PLACE OF DEATH

County of Lincoln  
City of Shoshone

STATE OF IDAHO—  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 16  
Primary Registration District No. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

State File No. 84296Local Registrar's No. 23

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.) 206

2. FULL NAME Stallorn

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) April 21-33

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Shoshone  
(State or country) Ida

13. NAME W J Evans

14. BIRTHPLACE (city or town) Tiffin  
(State or country) Ohio

15. MAIDEN NAME Ada Larson

16. BIRTHPLACE (city or town) Cottleville  
(State or country) North Dakota

17. INFORMANT (Address) W J Evans

18. BURIAL, CREMATION, OR REMOVAL

Place Shoshone Date 4-22, 1933

19. UNDERTAKER (Address) Shoshone Ida

20. FILED 4/21, 1933

R L Fuller Registrar  
By A. M. Mahan Dep

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Stallorn, 1933

I last saw him alive on \_\_\_\_\_, 1933; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance

were as follows:

Immature 6 1/2 mo.

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) T. E. Tarruth, M. D.

(Address) Shoshone Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED JUN 9 1933

County of Nez Perce  
City of Sevenson

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

212540

No. 55 Josephs Hospital St. Registration District No. 1009 State File No. 96  
(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. 96

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twins or other? <u>Triplet</u> (To be answered only in event of plural births)	and {	Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>May 20</u> , 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead Still Birth Stillborn

FATHER		MOTHER	
FULL NAME <u>Joseph Fortin</u>	FULL MAIDEN NAME <u>Alma Kennedy</u>		
Residence (Usual place of abode) <u>Sevenson, Idaho</u>	Residence (Usual place of abode) <u>Sevenson, Idaho</u>		
If non-resident, give place and State	If non-resident, give place and State		
Color or race <u>White</u> Age at last birthday _____ (Years)	Color or race <u>White</u> Age at last birthday <u>31</u> (Years)		
Birthplace <u>Illinois</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)		
Occupation <u>Electrical Engineer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8.55 P. M.  
on the date above stated.

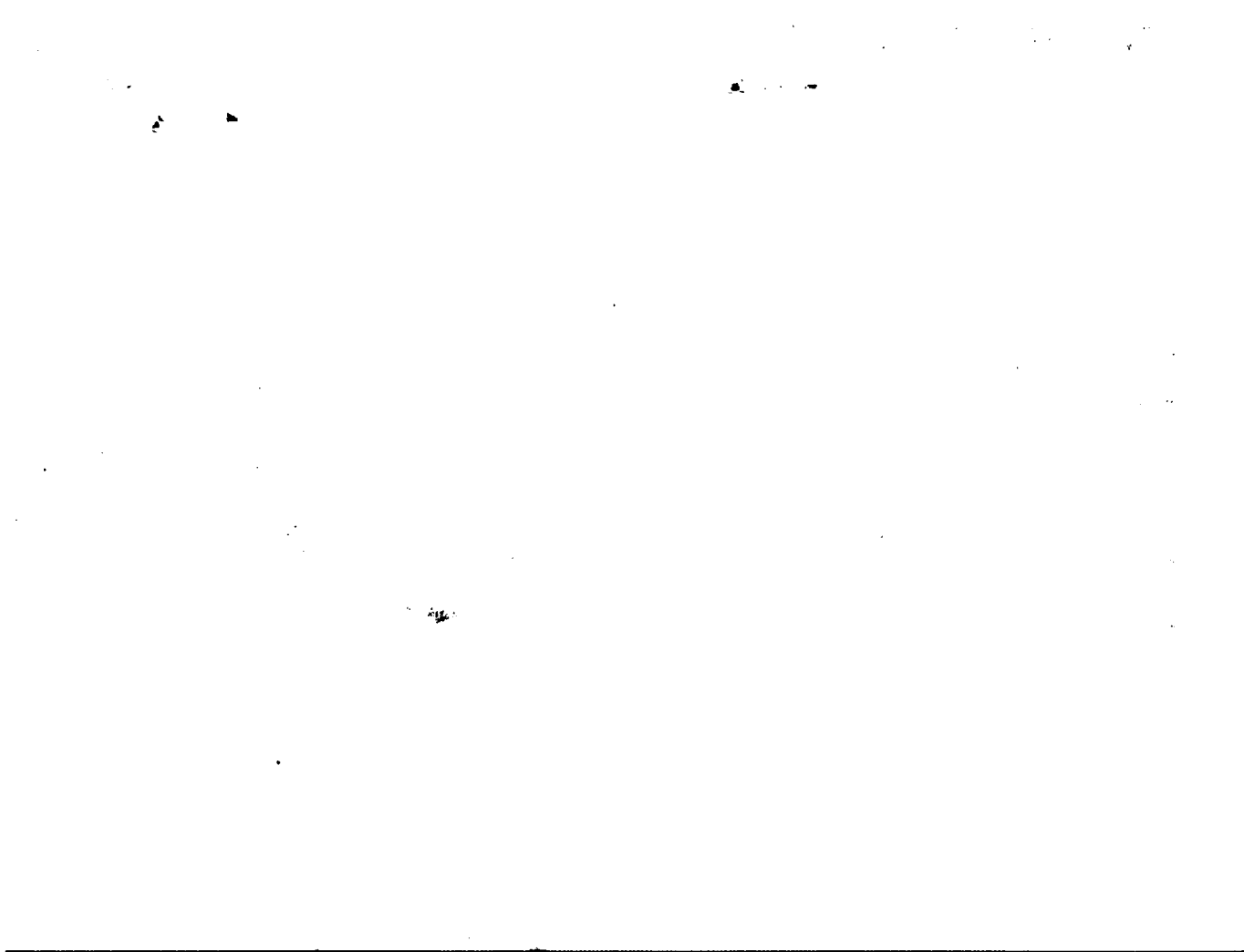
(Signature) P. B. Curshaw

(Physician or midwife)

Address Sevenson, Idaho

Filed June 1 1933 P. M. Lyle Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



Dr Caruso W

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

## PLACE OF DEATH

County of Nez PerceCity of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84655

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. ....

(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Mr & Mrs J.A. Fortin(a) Residence. No. 1325 Main Street

St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed, or Divorced (write the word)  
single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 20 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or min.0000

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho

MOTHER FATHER

13. NAME J.A. Fortin14. BIRTHPLACE (city or town) Chicago  
(State or country) Ill15. MAIDEN NAME Alma Kennedy16. BIRTHPLACE (city or town) Moscow  
(State or country) Idaho17. INFORMANT J.A. Fortin  
(Address) Lewiston Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Clarkston Wash Date 5/22/33 193...19. UNDERTAKER Vassar Mortuary Inc  
(Address) Lewiston Idaho20. FILED May 30, 1933 3  
J. M. Dyle  
B. G. M.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5/20/33 193...

22. I HEREBY CERTIFY, That I attended deceased from

May 20, 1933, to May 20, 1933  
I last saw him alive on May 20, 1933 death is saidto have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation none Date of May 20What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury May 20, 193...Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Still bornNature of injury Still born

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Dyle, M.D.(Address) Lewiston Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED JUN 9 1933

PLACE OF BIRTH

County of Presperce

City of Clarkston

No. 0208-25<sup>th</sup> St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

212542

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)

Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Stillborn

Warren C. Weatherly

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? _____	{ and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>5-16-</u> 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. \_\_\_\_\_ Stillborn 1

FULL NAME <u>Warren C. Weatherly</u>	FATHER	FULL MAIDEN NAME <u>Claudia M. Cander</u>	MOTHER
---	--------	---	--------

Residence (Usual place of abode) Clarkston Wn. Residence (Usual place of abode) Clarkston, Wn.

If non-resident, give place and State. \_\_\_\_\_ If non-resident, give place and State. \_\_\_\_\_

Color or race W Age at last Birthday 34 Color or race W Age at last Birthday 17  
(Years) (Years)

Birthplace Wash. Birthplace Wash.  
(City and State or County) (City and State or County)

Occupation Orchardist Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~

Born alive

Stillborn

at 5-P.M.

I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Signature) W. H. Mahan

(Physician or midwife)

Address Lewiston Idaho

Filed May 18 1933 J. M. Lyle  
Reg. M. Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.



RECEIVED JUN 9 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **84656**

PLACE OF DEATH

County of **NezPerce**City of **Lewiston**Registration District No. **1009**Primary Registration District No. **96**

Local Registrar's No. ....

(No. **0208 25th Street**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Warren Chandler Weatherly**(a) Residence. No. **Clarkston Heights**

St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**Male**

4. COLOR OR RACE

**White**

5. Single, Married, Widowed, or Divorced (write the word)

**Single**

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

**May 16 1933**

7. AGE

Years

**0**

Months

**0**

Days

**0**

If LESS than

1 day, .... hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

**Lewiston Idaho**

MOTHER FATHER

13. NAME **Warren C Weatherly**

14. BIRTHPLACE (city or town) (State or country)

**Peoria Washington**15. MAIDEN NAME **C.C. Chandler**

16. BIRTHPLACE (city or town) (State or country)

**Wash**

17. INFORMANT (Address)

**Warren C. Weatherly Clarkston Heights**

18. BURIAL, CREMATION, OR REMOVAL

Place **Lewiston Ida.** Date **6/17/33** 19319. UNDERTAKER **Vassar Mortuary Inc**  
(Address) **Lewiston Idaho**20. FILED **June 6, 1933****J. M. Kyle**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **5/16/33** 19322. I HEREBY CERTIFY, That I attended deceased from .....  
....., 193....., to ..... , 193.....I last saw ~~him~~ **her** on **5-6-** , 1933: death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance

were as follows:

**Still born -  
presentation in -  
possible of delivery**

Date of onset

Other contributory causes of importance:

**version with slow  
difficult delivery of  
head with forceps.**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 193.....

Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **W. F. McMahand** , M. D.(Address) **Lewiston, Ida.**

MARGIN RESERVED FOR BINDING

Mamah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH **RECEIVED JUN 9 1936**

County of My. Puse.  
City of Leviston

No. White Hospital St.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **212547**

Registration District No. 1009 State File No. \_\_\_\_\_

Prim. Registration District No. 96 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Baby Drake Baby Drake

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>6/8/33</u> , 193____ (MONTH, DAY, YEAR)
5. Number, in order of birth _____		Full term _____			

9. Full name <u>Mr. Harry Drake</u>	FATHER	18. Full maiden name <u>Rose Beckman</u>	MOTHER
-------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkston W.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkston</u>
--	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>22</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or country) <u>Ir. Kansas</u>	22. Birthplace (city or place) (State or country) <u>Idaho Oregon</u>
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Print Pack</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation <u>6</u> months or weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:15 m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF)

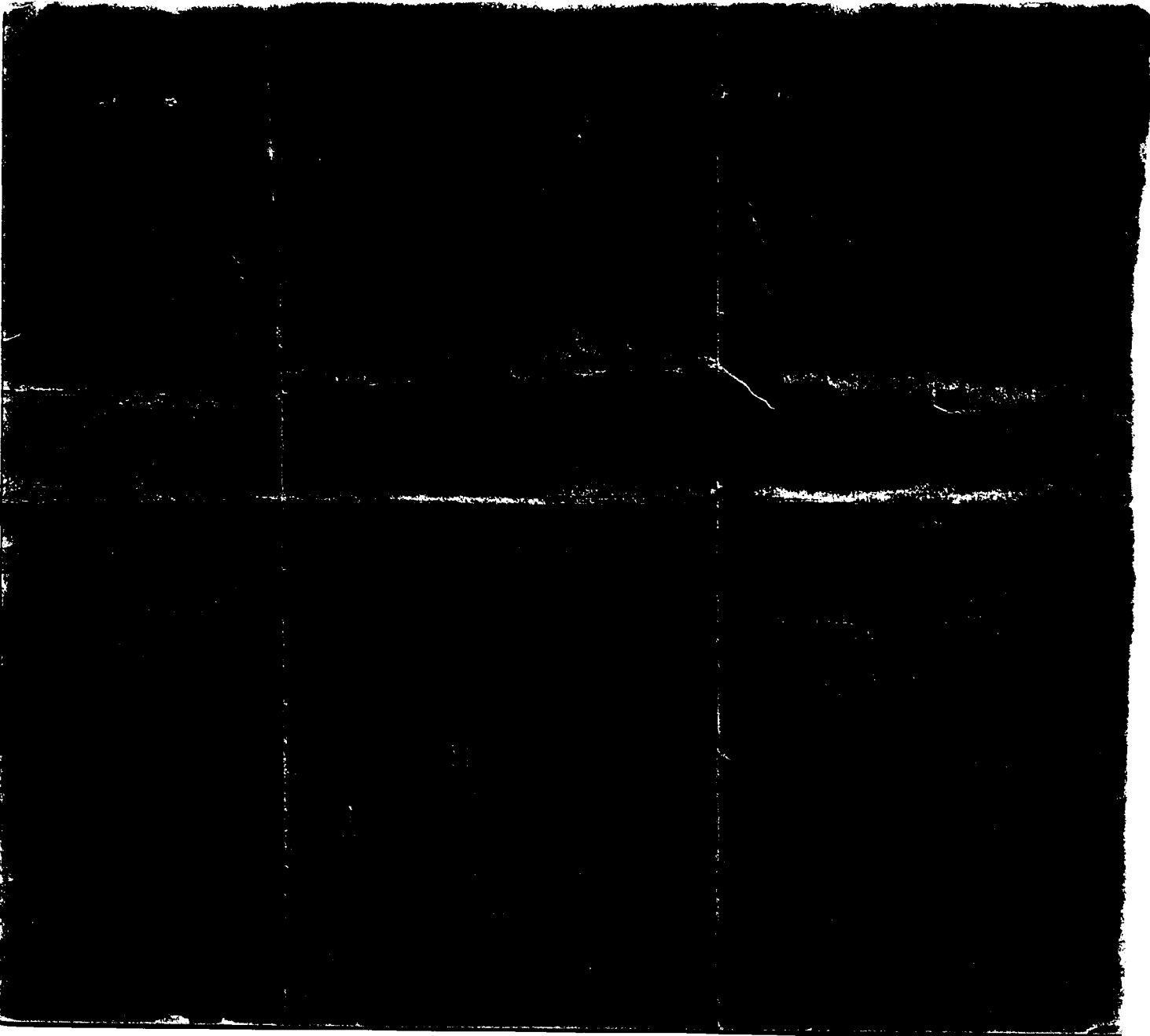
(Signed) E. J. White, M. D.

or \_\_\_\_\_, Midwife

Address Leviston

Filed June 1, 1933 J. M. Hyle  
By G. M. Registrar.

Registrar.



RECEIVED JUN 9 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84642

PLACE OF DEATH  
County of **Nezperce**  
City of **Lewiston**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

(No. **Whites Hospital**)

Local Registrar's No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Baby) **Drake**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word.)
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) **Premature**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
--------	-------	--------	------	--

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Lewiston, Ida.**  
(State or country)

PARENTS

10. NAME OF FATHER **H.W. Drake**11. BIRTHPLACE OF FATHER (city or town)  
(State or Country) **Malbern, Ark**12. MAIDEN NAME OF MOTHER **Rosebud Love**13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country) **Oregon**14. Informant **H.W. Drake**  
(Address) **Clarkston, Wash.**15. Filed **May 10**, 19 **33**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

**May** 8, 19 **33**  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

**5/8-33**, 19\_\_\_\_, to **5/8-33**, 19\_\_\_\_  
that I last saw him alive on **stillbirth**, 19\_\_\_\_and that death occurred, on the date stated above, at **9 p.m.**\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:**Premature birth.**CONTRIBUTORY  
(Secondary)18. Where was disease contracted  
if not at place of death?Did an operation precede death? **No** Date of \_\_\_\_\_Was there an autopsy? **No**What test confirmed diagnosis? **Signs & symptoms**(Signed) **H. R. Merchant**\_\_\_\_\_, 19\_\_\_\_ (Address) **Lewiston, Idaho.**19. Place of Burial, Cremation, or Removal  
**Clarkston, Wash.**Date of Burial  
**5/10/33** 19

20. Undertaker

**H.R. Merchant**Address  
**Clarkston Wn****J. M. Syle**  
**By B. M.**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.).** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH.**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED JUN 9 1933

S

## 1. PLACE OF BIRTH

County of Nez PerceCity of LeviatonNo. St. Joseph's Hospital St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

212557

Registration District No. 1009 State File No. \_\_\_\_\_Prim. Registration District No. 10 Local Registrar's No. \_\_\_\_\_

## 2. FULL NAME OF CHILD

Baby Ester

3. Sex

Male

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of

birth May 29, 1933

(MONTH, DAY, YEAR)

5. Number, in order of birth

Full term ☒mate? Yes

9. Full name

FATHER

Nelson M. Ester

10. Residence (usual place of abode)

(If non-resident, give place and State) 1118-18th St.11. Color or race W12. Age at last birthday 23 (years)

13. Birthplace (city or place)

(State or country)

Ritzville Wn

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years)

spent in this work

19

18. Full maiden name

MOTHER

Dolly Aiken

19. Residence (usual place of abode)

(If non-resident, give place and State) 1118-18th St.20. Color or race W21. Age at last birthday 17 (years)

22. Birthplace (city or place)

(State or country)

Kendrick Ida

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

25. Date (month and year) last engaged in this work

26. Total time (years)

spent in this work

19

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn,

period of gestation 9 { months

{ or weeks

29. Cause of stillbirth

Injury

{ Before labor

{ During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 10:10 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) J. M. Lyle

M. D.

or

Midwife

Address Leviaton IdahoFiled June 2, 1933

Registrar.

J. M. Lyle  
Byls. m.

Registrar.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from

a supplemental report

(DATE OF)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

THE UNIVERSITY OF CHICAGO

14-00000 70 20000 15000 6

ASPHALT

\_\_\_\_\_

\_\_\_\_\_

100-443887-1

**THE UNIVERSITY OF CHICAGO**

\_\_\_\_\_

100-443887-100

\_\_\_\_\_

100

SECRET

**THE UNIVERSITY OF CHICAGO**

\_\_\_\_\_

100-442887-101

\_\_\_\_\_

10-10-68

*(continued)*

\_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933

PLACE OF DEATH  
County of Naz. Perce.  
City of Lewiston.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

84648

State File No.

Registration District No. 1009Primary Registration District No. 96

Local Registrar's No.

(No. St Joseph hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Etter.(a) Residence. No. St. Kendrick, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.5. Single, Married, Widowed,  
or Divorced (write the word)  
Single.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 29th, 1933.

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At home.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Lewiston.  
(State or country) Idaho.

MOTHER FATHER

13. NAME

Nelson Etter.14. BIRTHPLACE (city or town)  
(State or country)Not known.

15. MAIDEN NAME

Effie Aiken.16. BIRTHPLACE (city or town)  
(State or country)Kendrick.  
Idaho.17. INFORMANT  
(Address)Mrs. N. Etter  
Kendrick, Idaho

18. BURIAL, CREMATION, OR REMOVAL

Place Kendrick, Idaho. Date May 31st, 1933.

19. UNDERTAKER

Brower-Wann Company.

(Address)

Lewiston, Idaho.20. FILED June 5, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from

, 1933, to , 1933.

I last saw h. alive on , 1933; death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Lewiston, Idaho.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED JUN 9 1933**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212558

County of Boise

City of Boise

No. 212-3 St.

Levinston Idaho

(If born in hospital or institution give name.)

Registration District No. 1009

State File No. \_\_\_\_\_

Prim. Registration District No. 96

Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Dead

3. Sex Male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term X 7. Legitimate? yes 8. Date of birth 4-19, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER Wm. J. Harlan 18. Full maiden name MOTHER Emily Calman

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 52 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Wisconsin 22. Birthplace (city or place) (State or country) Massachusetts

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Lawyer

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_ 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation 9 mos. { months or weeks } 29. Cause of stillbirth not known { Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 100 m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) O. J. Headrick, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

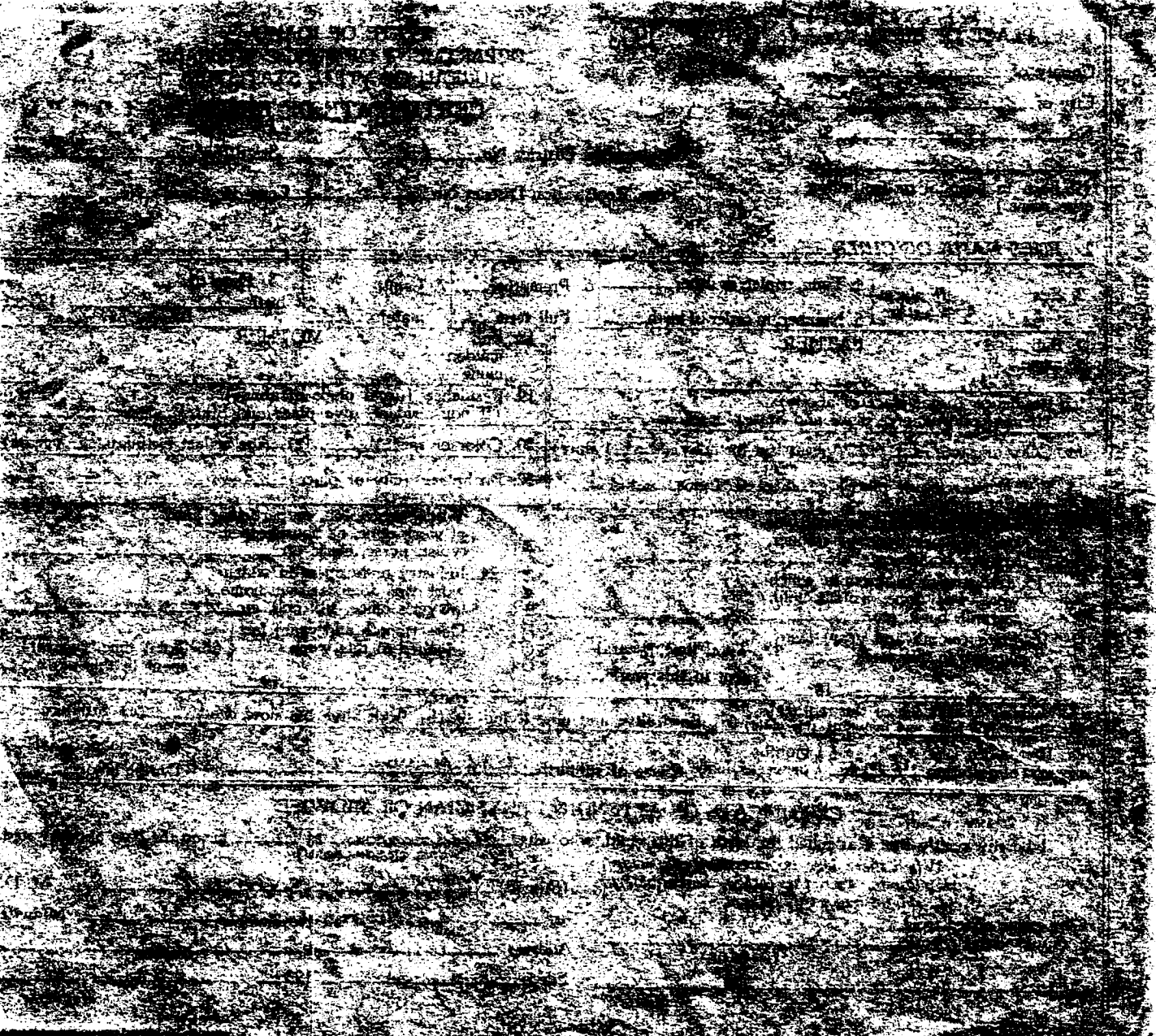
Address Levinston Idaho

Filed May 31, 1933 J. M. Kyle

(DATE OF)

Registrar.

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 9 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		84647	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.	
County of <u>Jersey</u>		Registration District No. <u>712-3rd St</u>		Local Registrar's No. <u>206</u>	
City of <u>Jersey</u>		Primary Registration District No. <u>712-3rd St</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Mr + Mrs W. J. Harlow</u>					
(a) Residence. No. <u>712-3rd St</u> St. <u>Jersey</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
	<u>white</u>	<u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 29-1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Jerusalem Idaho</u> (State or country)					
MOTHER	13. NAME <u>W. J. Harlow</u>				
	14. BIRTHPLACE (city or town) <u>Wisconsin</u> (State or country)				
	15. MAIDEN NAME <u>Emily Coleman</u>				
	16. BIRTHPLACE (city or town) <u>Mass</u> (State or country)				
17. INFORMANT <u>W. J. Harlow</u> (Address) <u>Jerusalem Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jerusalem</u> Date <u>5-29</u> , 193 <u>3</u>					
19. UNDERTAKER <u>Vasson Mortuary</u> (Address) <u>Jerusalem Idaho</u>					
20. FILED <u>May 30</u> , 193 <u>3</u> <u>J. M. Lyle</u> Registrar. <u>By G. M.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>5-29-1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 29</u> , 193 <u>3</u> , to <u>May 29</u> , 193 <u>3</u> .					
I last saw him alive on <u>May 29</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>Jerusalem</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Born</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>none</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>none</u> Date of injury <u>none</u> , 193 <u>3</u> .					
Where did injury occur? <u>none</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>none</u>					
Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify <u>none</u>					
(Signed) <u>Edw. B. Bessock</u> , M. D.					
(Address) <u>Jerusalem Idaho</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

695-202-39-696  
RECEIVED JUN 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 212589  
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Franklin  
City of Ames Falls, Idaho  
No. Birth Memorial St.  
(If born in hospital or institution give name.)

Registration District No. 24 State File No. S  
Prim. Registration District No. 2072 Local Registrar's No. 23

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 2, 1933</u> (MONTH, DAY, YEAR)
9. Full name <u>Kenneth L. Jevier</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pekland, Idaho</u>	11. Color or race <u>white</u>		12. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Idaho</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		18. Full maiden name <u>Peggy E. Froehner</u>		
19. <u>19</u>		20. Color or race <u>white</u>		21. Age at last birthday <u>19</u> (years)	
22. Birthplace (city or place) (State or country) <u>Idaho</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead (c) Stillborn <u>1</u>	
28. If stillborn, period of gestation <u>4 1/2</u> months or weeks		29. Cause of stillbirth <u>Premature</u>		Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. H. Logan, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report

(DATE OF)

Address \_\_\_\_\_

Filed 6-1, 1933 Greenie Holt

Registrar.

Registrar.

The image is a severely degraded scan of a document page, likely from a government or official source. It is divided into two columns by a vertical line. The text is almost entirely illegible due to extreme noise, high contrast, and poor resolution. At the top, some faint, mirrored text is visible, possibly reading "UNITED STATES", "DEPARTMENT OF", and "OFFICE OF". The bottom of the page shows some faint, possibly mirrored text, which might be a footer or a signature line. The overall appearance is that of a very poor quality photocopy or a scan of a document that has been heavily damaged or obscured.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUN 7 1933

## PLACE OF DEATH

County of PowerCity of American Falls, Idaho

1933 STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 25Primary Registration District No. 2072

DO NOT WRITE IN THIS SPACE

State File No. 84659Local Registrar's No. 13

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Wier)

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 5-2-33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) American Falls, Idaho  
(State or country)13. NAME Kenneth L. Wier14. BIRTHPLACE (city or town) Idaho  
(State or country)15. MAIDEN NAME Peggy E. Froehman16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date \_\_\_\_\_, 1933

19. UNDERTAKER (Address)

20. FILED 6-3, 1933 Gerrin Roth  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-2-33 193322. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 2, 1933I last saw deceased on stillborn, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

premature labor Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. J. Logan, M. D.(Address) American Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

318-225-242249  
PLACE OF BIRTH JUN 12 1933  
County of Twin Falls  
City of Twin Falls  
No. 411-4 Ave West

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

212639  
S

Registration District No. 37 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 1085 Local Registrar's No. 191  
FULL NAME OF CHILD Stillborn Lalue  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>5 25 1933</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_  
Number of child of this mother, including present birth 5 (a) Born alive and now living 4  
Born alive but now dead \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Dewitt Lalue</u> Residence (Usual place of abode) <u>Eden, Ida.</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>39</u> (Years) Birthplace <u>Texas</u> (City and State or County) Occupation <u>farmer</u>	MOTHER FULL MAIDEN NAME <u>Martha Smith</u> Residence (Usual place of abode) <u>Eden, Ida.</u> If non-resident, give place and State _____ Color or race <u>white</u> Age at last Birthday <u>36</u> (Years) Birthplace <u>Canada</u> (City and State or County) Occupation <u>housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 3<sup>20</sup> a. M.  
on the date above stated.

(Signature) H. E. Paul  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Twin Falls  
Filed June, 9, 1933 G. C. Kelley  
Registrar



JUN 12 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of Twin FallsState File No. 84684City of \_\_\_\_\_ Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 70(No. 411-4th week)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Barbara Kane La Hue(a) Residence. No. Route #1 St. Eden Idaho  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) May 25 - 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls Idaho  
(State or country)13. NAME Le Witt La Hue14. BIRTHPLACE (city or town) Willapa Point Wash  
(State or country)15. MAIDEN NAME Martha Adelaide Smith16. BIRTHPLACE (city or town) New Brunswick Canada  
(State or country)17. INFORMANT (Address) Le Witt La Hue Eden Idaho Route #118. BURIAL, CREMATION, OR REMOVAL Place Twin Falls Cem Date 5/25, 193319. UNDERTAKER White Mortuary Inc  
(Address) Twin Falls Idaho20. FILED 5/25, 1933 George C. Kelly M.D. (Signed) H. P. Rausch (Address) Twin Falls Idaho

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 25 193322. I HEREBY CERTIFY, That I attended deceased from 20th, 1933, to May 25th, 1933I last saw her alive on May 25, 1933; death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance

were as follows: Stillborn Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. P. Rausch M.D.(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

255-121-042-285

1. PLACE OF BIRTH

County of Twin Falls  
City of Twin Falls  
No. R. 4 D St.

JUN 12 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212660

Registration District No. 37 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2085 Local Registrar's No. 187

2. FULL NAME OF CHILD

Otto Russell Beeson

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>5/21</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name FATHER  
Mr. Richard Beeson

10. Residence (usual place of abode)  
(If non-resident, give place and State) T. F.

11. Color or race W 12. Age at last birthday 27 (years)

13. Birthplace (city or place)  
(State or country) Fox Home, Minn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work  
17. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Cerebral hemorrhage Before labor During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3:20 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

(Signed) L. J. Weaver, M. D.

or \_\_\_\_\_, Midwife

Address Twin Falls, Idaho.

Filed May, 26, 1933 Geo. C. Bailey  
Reg. Registrar

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report

(DATE OF)

Registrar.



JUN 12 1933

## PLACE OF DEATH

County of Twin Falls  
City of Twin FallsSTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

84687

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 67(No. Residence)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Beeson(a) Residence. No. Route # 1 St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ☒6. DATE OF BIRTH (month, day, and year) May 21 - 19337. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ☒

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME William Richard Beeson14. BIRTHPLACE (city or town) For home Minn.  
(State or country)15. MAIDEN NAME Helen Blanche Sherlock16. BIRTHPLACE (city or town) Breckenridge Minn.  
(State or country)17. INFORMANT William R. Beeson  
(Address) Route # 1 - Twin Falls, Ida.18. BURIAL, CREMATION, OR REMOVAL  
Place 2nd Cemetery Date 5/22, 193319. UNDERTAKER White Mortuary Inc.  
(Address) Twin Falls Idaho20. FILED 5/24, 1933 George O. Valley  
Regist. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 193322. I HEREBY CERTIFY, That I attended deceased born on  
May 21, 1933, to 1933I last saw him alive on 1933; death is saidto have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance

were as follows: Cerebral hemorrhage

Date of onset

Still born

Other contributory causes of importance:

Forceful delivery

Name of operation: Date of: .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Weaver, M. D.(Address) Twin Falls Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Benewah  
City of Pocatello  
No. 101 South Johnson St.

Pocatello General Hospital

(If born in hospital or institution give name.)

## STATE OF IDAHO

## DEPARTMENT OF PUBLIC WELFARE

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

212777

Registration District No. 28 State File No. SPrim. Registration District No. 2161 Local Registrar's No. 254

## FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>June 22</u> , 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	---------------------------------------	------------------------	---

## What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth One (a) Born alive and now living None  
Born alive but now dead None Stillborn One

FATHER  
FULL NAME Al Raymond Miller  
Residence (Usual place of abode) (Expired February 11, 1933)  
If non-resident, give place and State at Los Angeles, Calif.  
Color or race White Age at last birthday 26 (Years)  
Birthplace Rock Island, Illinois  
(City and State or County)  
Occupation \_\_\_\_\_

MOTHER  
FULL MAIDEN NAME Janet Ann Rogers  
Residence (Usual place of abode) Pocatello, Idaho  
If non-resident, give place and State \_\_\_\_\_  
Color or race White Age at last birthday 22 (Years)  
Birthplace Salt Lake City, Utah  
(City and State or County)  
Occupation Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was, Born alive  
on the date above stated.

Stillborn at 8:45 P. M.(Signature) W. W. Brookes

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Pocatello, IdahoFiled 8-2 1933 Registrar.

RECEIVED JUL 16 1933

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<b>Bannock</b>	CERTIFICATE OF DEATH		State File No. <b>84788</b>	
City of	<b>Pocatello</b>	Registration District No.	<b>28</b>		
		Primary Registration District No.	<b>2161</b>	Local Registrar's No. <b>107</b>	
		(No. <b>Pocatello General Hospital</b> )		<b>206</b>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME		<b>Raymond Robert Miller</b>			
(a) Residence. No.		<b>Pocatello, Idaho.</b> St.			
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs.	mos.	ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
<b>Male</b>	<b>White</b>	<b>Single</b>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <b>June 22, 1933.</b>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<b>Still-born</b>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<b>None</b>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<b>Infant</b>		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		<b>Pocatello, Idaho.</b>			
MOTHER FATHER	13. NAME		<b>Albert Raymond Miller</b>		
	14. BIRTHPLACE (city or town) (State or country)		<b>California.</b>		
	15. MAIDEN NAME		<b>Janette Ann Rogers</b>		
	16. BIRTHPLACE (city or town) (State or country)		<b>Salt Lake City, Utah.</b>		
17. INFORMANT (Address)		<b>R. B. Rogers Pocatello, Idaho.</b>			
18. BURIAL, CREMATION, OR REMOVAL Place		<b>Pocatello, Idaho. Date June 23, 1933.</b>			
19. UNDERTAKER (Address)		<b>Arthur W. Hall Pocatello, Idaho.</b>			
20. FILED		<b>June 23, 1933. D. C. Ray</b>			
		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <b>June 22, 1933.</b>					
22. I HEREBY CERTIFY, That I attended deceased from <b>June 22, 1933</b> to <b>June 22, 1933</b>					
I last saw him alive on <b>June 22, 1933</b> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<b>Stillborn</b> <b>June 20 1933</b>					
Other contributory causes of importance:					
<b>None found</b>					
Name of operation <b>None</b> Date of _____					
What test confirmed diagnosis? <b>Clear</b> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <b>Yes</b> Date of injury _____, 1933.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <b>No</b>					
If so, specify _____					
(Signed) <b>W. W. Brothman</b> <b>Pocatello, Idaho.</b>					
(Address) _____					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

145-1003-786  
1. PLACE OF BIRTH RECEIVED JUL 10 1933  
County of Bannock  
City of Blackfoot  
No. St. Anthony St.  
Mercy Hospital  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 212819  
CERTIFICATE OF BIRTH S

Registration District No. 28 State File No. S  
Prim. Registration District No. 2161 Local Registrar's No. 250  
Times

2. FULL NAME OF CHILD Stillborn

3. Sex. <u>Male</u>	If plural births	4. Twin triplet, or other	6. Premature..... Full term <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 26, 1933</u> (Month, Day, Year)
9. Full name <u>Clark Ames</u>		FATHER		18. Full maiden name <u>Mary Alice Thompson</u>	
10. Residence (usual place of abode) <u>724 N. 12th</u> (If non-resident, give place and State) <u>Blackfoot, Idaho</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) <u>Dillon, Montana</u> (State or country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R.F.E.</u>	
16. Date (month and year) last engaged in this work <u>May 16, 1930</u>		17. Total time (years) spent in this work <u>12</u>		18. Date (month and year) last engaged in this work <u>Present</u> , 1933	
19. Residence (usual place of abode) <u>724 N. 12th</u> (If non-resident, give place and State) <u>Blackfoot, Idaho</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>29</u> (years)	
22. Birthplace (city or place) <u>Blackfoot, Idaho</u> (State or country)		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>A.W.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
25. Date (month and year) last engaged in this work <u>Present</u> , 1933		26. Total time (years) spent in this work <u>11</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>No Silver</u>					
28. If stillborn, period of gestation <u>3</u> months or weeks		29. Cause of stillbirth <u>Before labor</u> <u>During labor</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 a.m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) F.S. Miller, M. D.  
or P.O. Catella, Midwife  
Address 2-30 3rd St  
Filed 6-30, 1933 C Ray Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <b>84789</b> State File No. _____	
PLACE OF DEATH County of <b>Bannock</b>		<b>CERTIFICATE OF DEATH</b>			
City of <b>Pocatello</b>		Registration District No. _____		Local Registrar's No. <b>113</b>	
		Primary Registration District No. _____			
		(No. <b>Saint Anthony's Hospital</b> )			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <b>June Ames</b>					
(a) Residence. No. <b>Pocatello, Idaho.</b> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <b>Male</b>		4. COLOR OR RACE <b>White</b>		5. Single, Married, Widowed, or Divorced (write the word) <b>Single</b>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <b>June 26, 1933</b>					
7. AGE Years		Months		Days	
<b>Still-born</b>				If LESS than 1 day, ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<b>None</b>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<b>Infant</b>		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		<b>Pocatello, Idaho.</b>			
MOTHER FATHER	13. NAME <b>Clark Ames</b>				
	14. BIRTHPLACE (city or town) (State or country)		<b>Dillon, Montana.</b>		
	15. MAIDEN NAME <b>Mary Alice Thomson</b>				
16. BIRTHPLACE (city or town) (State or country)		<b>Canada.</b>			
17. INFORMANT (Address)		<b>Clark Ames Pocatello, Idaho.</b>			
18. BURIAL, CREMATION, OR REMOVAL Place		<b>Pocatello, Idaho, Date June 27, 1933</b>			
19. UNDERTAKER (Address)		<b>Arthur W. Hall Pocatello, Idaho.</b>			
20. FILED <b>June 27, 1933</b>		<b>SC Ray</b> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <b>June 26, 1933</b>					
22. I HEREBY CERTIFY, That I attended deceased from <b>6-26-1933</b> , to <b>6-26-1933</b>					
I last saw <b>him</b> alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<b>Still Born</b> <b>Cord hemorrhage</b>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <b>F. S. Miller</b> , M. D.					
(Address) <b>Pocatello, Idaho.</b>					

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

S

County of Boise

City of Monmouth

No. \_\_\_\_\_ St. \_\_\_\_\_

CERTIFICATE OF BIRTH 212862

Monmouth Hospital Registration District No. 52 State File No. \_\_\_\_\_

If born in hospital or institution give name. \_\_\_\_\_ Prim. Registration District No. 2136 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of birth 6-8-1933  
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth. 0 (a) Born alive and now living. 0

Born alive but now dead. \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME Paul J Nelson MOTHER FULL MAIDEN NAME Lula King

Residence (Usual place of abode) Bern Idaho

If non-resident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 31 Color or race White Age at last Birthday 23  
(Years) (Years)

Birthplace Idaho Birthplace Idaho  
(City and State or County) (City and State or County)

Occupation Housewife Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 99 M.  
on the date above stated.

(Signature) J. P. Galt

(Physician or Midwife)

Address Idaho

Filed 6/14/1933 H. H. King

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JUL 7 1933  
County of Bingham  
City of Blackfoot  
No. West Judicial St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 212935

Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 1007 Local Registrar's No. 191  
Stillborn  
FULL NAME OF CHILD \_\_\_\_\_  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <b>MALE</b>	Twin Triplet or other ? (To be answered only in event of plural births)	and Number in order of birth	Legiti- mate <b>Yes</b>	Date of birth <u>June 15, 1933</u> (Month) (Day) (Year)
--------------------------	--	---------------------------------------	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth Two (a) Born alive and now living Two  
Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Charles W. Burgin  
Residence  
(Usual place of abode) Blackfoot, Idaho  
If non-resident,  
give place and State \_\_\_\_\_  
Color or race White Age at last birthday 27  
(Years)  
Birthplace Sugar City, Idaho  
(City and State or County)  
Occupation Laborer

MOTHER  
FULL MAIDEN NAME Virginia Roy  
Residence  
(Usual place of abode) Blackfoot, Idaho  
If non-resident,  
give place and State \_\_\_\_\_  
Color or race White Age at last birthday 18  
(Years)  
Birthplace Blackfoot, Idaho  
(City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn Born alive Stillborn at 10 A.M. M.  
on the date above stated.

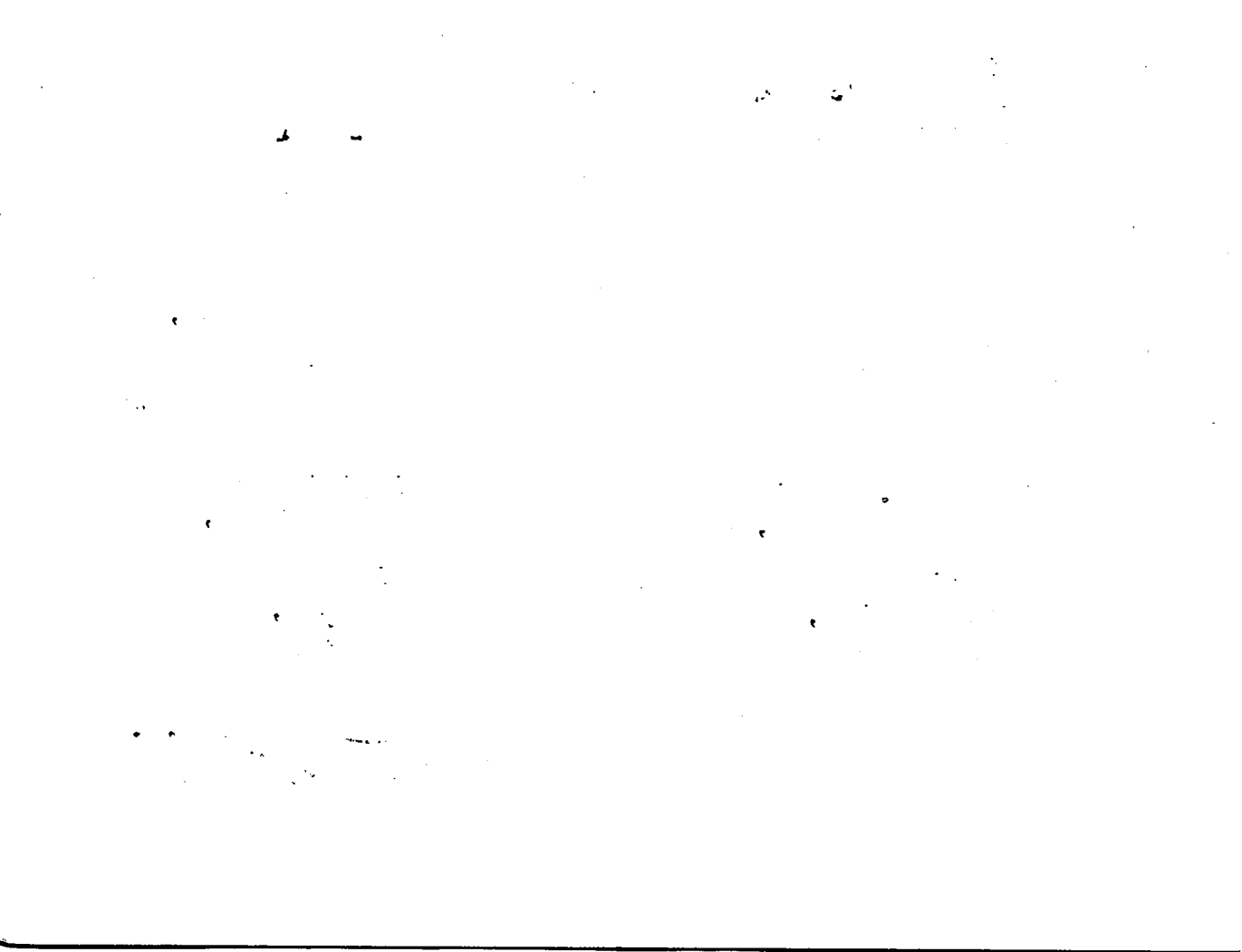
(Signature) A. W. Mitchell

(\*Where there was no attending physician or mid-  
wife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.)

(Physician or midwife)  
Address Blackfoot, Idaho

Filed July 2 1933 Mod. Nelson Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		84845	
PLACE OF DEATH		COUNTY OF		State File No.	
County of <u>Bingham</u>		City of <u>Blackfoot</u>		Registration District No. <u>121</u>	
Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>89</u>			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Burgin (Stillborn)</u> <span style="float: right;">206</span>					
(a) Residence. No. <u>534 University</u> St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 15, 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Blackfoot Idaho</u> (State or country)					
13. NAME <u>Charles Worth Burgin</u>					
14. BIRTHPLACE (city or town) <u>Sugar City Idaho</u> (State or country)					
15. MAIDEN NAME <u>Virginia Roy</u>					
16. BIRTHPLACE (city or town) <u>Blackfoot Idaho</u> (State or country)					
17. INFORMANT <u>C. W. Burgin</u> (Address) <u>Blackfoot Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Gravelly cem</u> Date <u>June 16, 1933</u>					
19. UNDERTAKER <u>E. J. Burk</u> (Address) <u>Blackfoot Idaho</u>					
20. FILED <u>June 16, 1933</u> <u>30110</u> <u>Deceased</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 15, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 15, 1933</u> , to <u>June 15, 1933</u> . I last saw him alive on <u>June 15, 1933</u> ; death is said to have occurred on the date stated above, at <u>—</u> m. The principal cause of death and related causes of importance were as follows: <u>Prenatal 7 months</u> Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1933. Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>—</u> Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>C. W. Burgin</u> , M. D. (Address) <u>Blackfoot Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

**Other CONTRIBUTORY CAUSES of importance:**

Gallstones May 1, 1928

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other CONTRIBUTORY CAUSES of importance:**

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Englewood</u> City of <u>Englewood</u> No. _____ St. _____		1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 212946		S	
(If born in hospital or institution give name.)		Registration District No. <u>121</u>		State File No. _____		Prim. Registration District No. <u>2194</u> Local Registrar's No. <u>206</u>	
2. FULL NAME OF CHILD <u>Ma named England (Stephen)</u>							
3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth	
						<u>June 13 1933</u>	(MONTH, DAY, YEAR)
9. Full name	FATHER <u>Jessie England</u>			18. Full maiden name		MOTHER <u>Rita Mitchell</u>	
10. Residence (usual place of abode)	<u>Englewood, Idaho</u>			19. Residence (usual place of abode)		<u>Englewood, Idaho</u>	
11. Color or race	<u>W</u>			20. Color or race		<u>W</u>	
12. Age at last birthday	<u>2</u> (years)			21. Age at last birthday		<u>2</u> (years)	
13. Birthplace (city or place)	<u>Idaho</u>			22. Birthplace (city or place)		<u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.			
<u>Farmer</u>				<u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work			
17. Total time (years) spent in this work				26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child)				Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
28. If stillborn, period of gestation _____ months or weeks				29. Cause of stillbirth _____			
Before labor _____				During labor _____			

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 10:00 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

(Signed) W. W. Beck M. D.

or \_\_\_\_\_ Midwife

Address Blackfoot, Idaho

Filed June 15, 1933 Ma named England

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

**RECEIVED JUL 5 1933**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** 213046

1. PLACE OF BIRTH  
County of Gannett  
City of Idaho Falls  
No. St. L. & Hospital  
(If born in hospital or institution give name.)

Registration District No. 3 State File No. S  
Prim. Registration District No. 2107 Local Registrar's No. 2476

2. FULL NAME OF CHILD Stillbirth

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u> Full term	7. Legitimate <u>yes</u> mate	8. Date of birth <u>June 27, 1933</u> (Month, Day, Year)
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9. Full name <u>Isaac Andrews</u>	FATHER	18. Full maiden name <u>Hortense Hansen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho</u>		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>June 1933</u>	17. Total time (years) spent in this work <u>10 years</u>	25. Date (month and year) last engaged in this work <u>June 1933</u>	26. Total time (years) spent in this work <u>7 years</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>5</u> months or weeks	30. Cause of stillbirth <u>Unknown</u> Before labor During labor		

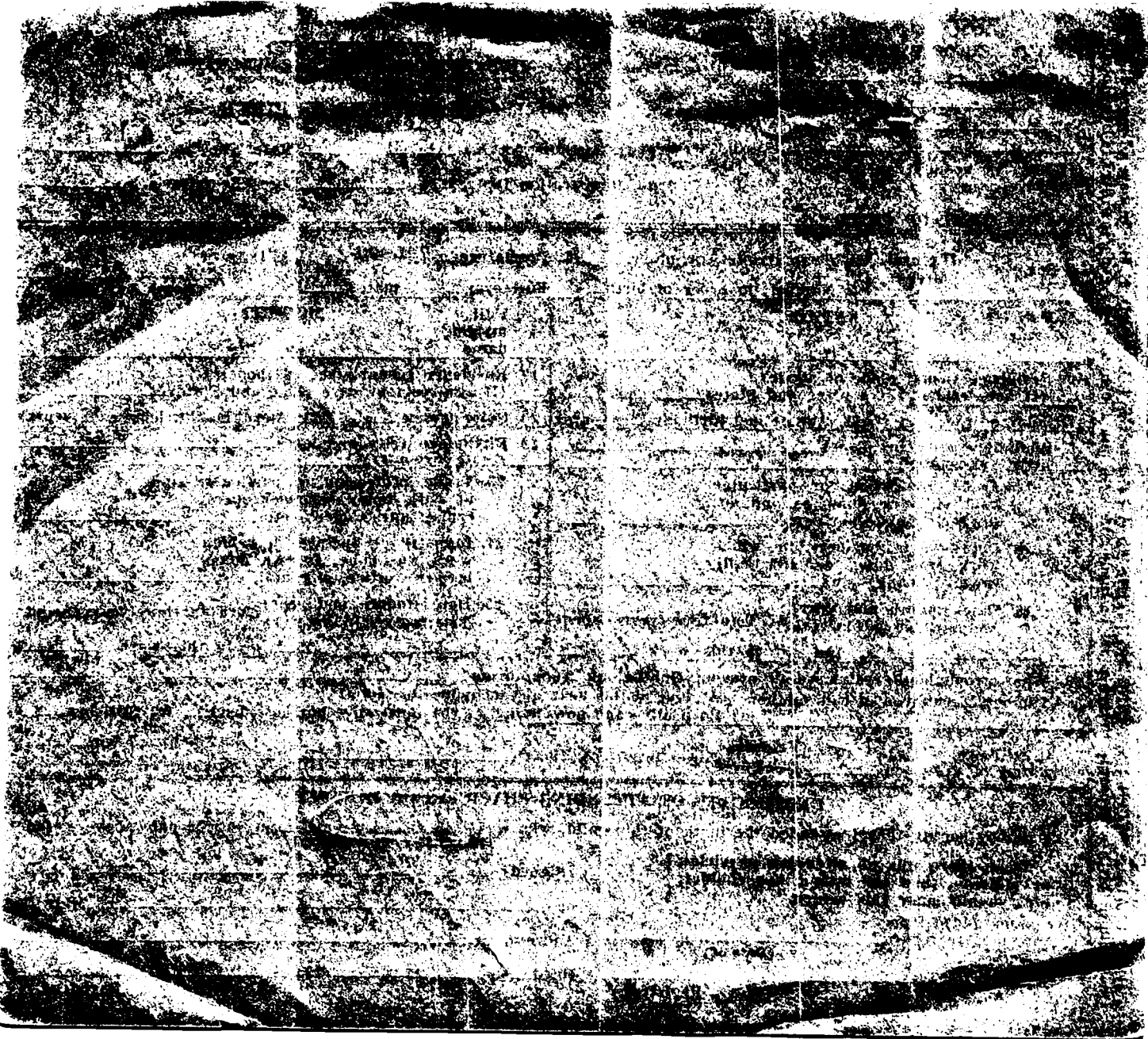
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John O. Mellar, M. D.  
or \_\_\_\_\_, Midwife  
Address Idaho Falls, Idaho  
Filed 6/28, 1933 Jefferson  
Registrar.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 84881	
<b>CERTIFICATE OF DEATH</b> PLACE OF DEATH <u>1933</u> County of <u>Bannock</u> City of <u>Idaho Falls</u> Registration District No. <u>13</u> Primary Registration District No. <u>2150</u> Local Registrar's No. <u>121</u> (No. <u>L.D. 8 Hospital</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>206</u>	
2. FULL NAME <u>Stillbirth</u> (a) Residence. No. <u>St.</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>—</u>	
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Stillbirth</u>			
6. DATE OF BIRTH (month, day, and year) <u>June 27, 1933</u>			
7. AGE <u>One</u> Years <u>Eight</u> Months <u>—</u> Days	If LESS than 1 day, hrs. min. <u>—</u>		
<b>OCCUPATION</b> 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls Idaho</u>			
<b>FATHER</b> 13. NAME <u>Tad &amp; W. Andrew</u> 14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
<b>MOTHER</b> 15. MAIDEN NAME <u>Hartene Hauken</u> 16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
17. INFORMANT <u>Todd W. Andrews</u> (Address) <u>Idaho Falls</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho Falls Idaho</u> Date <u>June 28, 1933</u>			
19. UNDERTAKER <u>—</u> (Address)			
20. FILED <u>6/28</u> , 1933 <u>—</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b> 21. DATE OF DEATH (month, day, and year) <u>6/27</u> 193 <u>3</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>—</u> , 193 <u>—</u> , to <u>—</u> , 193 <u>—</u> . I last saw him alive on <u>—</u> , 193 <u>—</u> ; death is said to have occurred on the date stated above, at <u>12:00</u> minute m. The principal cause of death and related causes of importance were as follows: <u>Still born</u> <u>about 5th month</u> <u>gestation. Cause</u> <u>unknown.</u> Other contributory causes of importance: <u>—</u>			
Name of operation <u>—</u> Date of <u>—</u> What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 193 <u>—</u> . Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>—</u> Manner of injury <u>—</u> Nature of injury <u>—</u> 24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>—</u> (Signed) <u>John O. Mellar</u> M. D. (Address) <u>Idaho Falls Idaho</u>			



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Blaine JUL 10 1933  
City of Nampa  
No. mercy St.

CERTIFICATE OF BIRTH

S213082

Hospital  
(If born in hospital or institution  
give name.)

Registration District No. 7 State File No. 1006  
Prim. Registration District No. 1006 Local Registrar's No. 136

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>6-14-1933</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

Number of child of this mother, including present birth # 1 (a) Born alive and now living 0

Born alive but now dead Stillborn 1

FATHER FULL NAME <u>Harold E. Klefman</u>	MOTHER FULL MAIDEN NAME <u>Leila Maude Carpenter</u>
--	---

Residence (Usual place of abode) <u>2015-3rd St. N.</u>	Residence (Usual place of abode) <u>2015-3rd St. N.</u>
---	---

If non-resident, give place and State

Color or race <u>wh</u> Age at last Birthday <u>36</u> (Years)	Color or race <u>wh</u> Age at last Birthday <u>27</u> (Years)
---	---

Birthplace <u>Atlanta, Iowa</u> (City and State or County)	Birthplace <u>Meridian, Iowa</u> (City and State or County)
---	--

Occupation <u>Truck Driver - Crane</u>	Occupation <u>Housewife</u>
--	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 P. M.  
on the date above stated.

(Signature) Geo. R. Proctor  
Nampa, Idaho  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address \_\_\_\_\_  
Filed July 6 1933 Lyda Rodgers  
Registrar.

RECEIVED BY THE CLERK OF THE DISTRICT COURT OF THE DISTRICT OF COLUMBIA  
 THIS CERTIFICATE OF BIRTH IS FILED FOR THE RECORDS OF THE DISTRICT COURT OF THE DISTRICT OF COLUMBIA  
 IN THE OFFICE OF THE CLERK OF THE DISTRICT COURT OF THE DISTRICT OF COLUMBIA  
 ON THE 10th DAY OF JANUARY 1910

100-00-100

County of \_\_\_\_\_  
 State of \_\_\_\_\_  
 No. \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH  
 261308

Registration District No. \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Full Name of Child \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Sex of Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Time of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
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 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Number of Child of this Mother, including present birth \_\_\_\_\_  
 (To be filled in by the Registrar of Births)

Where there was no attending physician or midwife, then the father, householder or neighbor should make this return. A birth child is one that neither practices nor shows other evidence of the after birth.

Address \_\_\_\_\_  
 Filed \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

84901

## PLACE OF DEATH

County of CanyonCity of NampaRegistration District No. 7Primary Registration District No. 1006(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 622. FULL NAME Loyal Evan Klefman

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 15<sup>th</sup> 1933

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)Nampa  
Idaho

10. NAME OF FATHER

Harold Klefman11. BIRTHPLACE OF FATHER (city or town)  
(State or Country)Atlanta  
Georgia

12. MAIDEN NAME OF MOTHER

Lila Carpenter13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country)Idaho

14.

Informant  
(Address)Mrs. Harold Klefman  
Nampa, Idaho

15.

Filed

June 27, 1933Lyda Rodgers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June  
(Month)15  
(Day)1933  
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_, to

19\_\_\_\_

that I last saw him alive on

19\_\_\_\_

and that death occurred, on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH\* was as follows:

Brain bleed  
due to asystolia  
Instrument delivery  
(duration) yrs. mos. ds.CONTRIBUTORY  
(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Geo. R. Proctor  
6-16-1933

M. D.

(Address)

Nampa, Ida\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa6-15-1933

20. Undertaker

Address

Mrs. Nina M. Talley Nampa, Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORDED N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Canyon  
City of Meridian  
No. Route #1 St. 546210-018-266

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Registration District No. 7 State File No. ....Prim. Registration District No. 2006 Local Registrar's No. 126Mary Louise Edwards

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>5</u> and <u>1</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>March 10, 1933</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%Number of child of this mother, including present birth. 2 (a) Born alive and now living. 2Born alive but now dead. 0 Stillborn 0

FATHER FULL NAME <u>Frederic Stephens Edwards</u>	MOTHER FULL MAIDEN NAME <u>Leta Bowers</u>
--	---

Residence (Usual place of abode) MeridianIf non-resident, give place and State YColor or race Green Age at last Birthday 24 (Years)Birthplace Blackfoot, Idaho (City and State or County)Occupation Farmer

If non-resident, give place and State

Color or race Green Age at last Birthday 19 (Years)Birthplace Boise, Idaho (City and State or County)Occupation Housewife

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P. M. on the date above stated.

(Signature) L. P. Hinton

(Physician or midwife)

Address Nampa, IdahoFiled July 6, 1935 Lyda Rodgers

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. Importance of the study

2015年12月15日

• **statistik**

2012-12-10 10:10:10

\*REMARKS OF MARSHALL, PRESIDENT OF THE COMMITTEE\*

**06/07/2019**

UNITED STATES OF AMERICA

1961 10 10

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1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765

RECEIVED  
JAN 14 1964  
U.S. DEPT. OF JUSTICE

**RENTON**

Number of copies of this material furnished present in the file (a) Both sides and not listing

What evidence is there to prevent Communist infiltration?

Exhibit 100 to 1000 in this document is a

10

10-11-1947

0-1170 20 APR 67

但此法亦非良法也。蓋此法之弊，在於其不能使全體之利益均沾。其結果，必使少數之利益，而為多數之利益所犧牲。此其所以為非良法也。

Exhibit A-10

**DECLASSIFICATION AUTHORITY**

REPORTING DIVISION

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

557126-014-993  
1. PLACE OF BIRTH  
**RECEIVED JUL 10 1933**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 213109

Registration District No. 7 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2006 Local Registrar's No. 140

2. FULL NAME OF CHILD

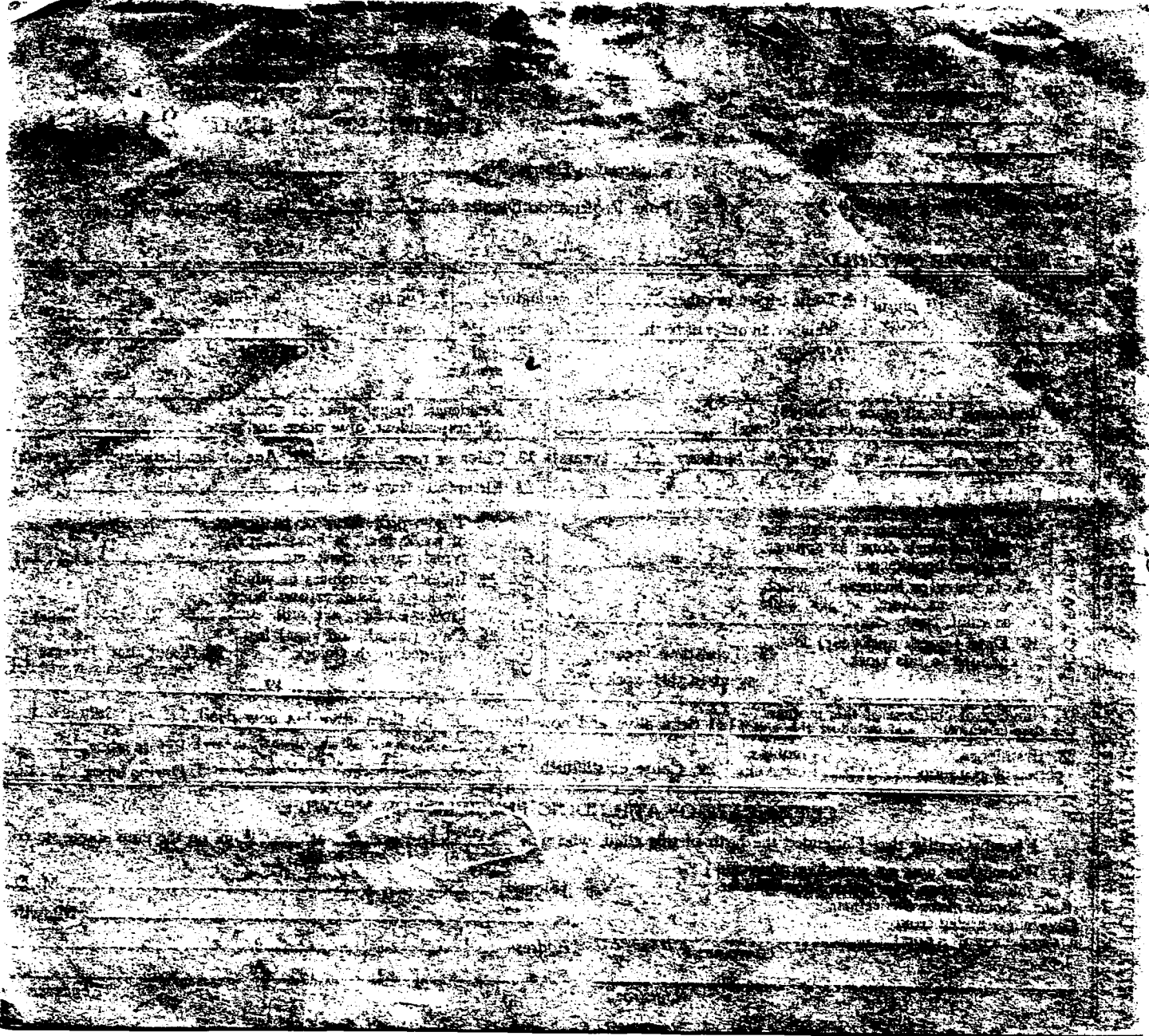
"Stillborn" Nelson

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other <u>S</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 26, 1933</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Clarence McKinley Nelson</u>			18. Full maiden name MOTHER <u>Ellen Viola Richards</u>		
10. Residence (usual place of abode) (If non-resident, give place and State)			19. Residence (usual place of abode) (If non-resident, give place and state)		
11. Color or race <u>C. W.</u>			20. Color or race <u>C. W.</u>		
12. Age at last birthday <u>38</u> (years)			21. Age at last birthday <u>31</u> (years)		
13. Birthplace (city or place) <u>West Point, Neb.</u> (State or country)			22. Birthplace (city or place) <u>St. Edwards, Neb.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>25</u>			26. Total time (years) spent in this work <u>11</u>		
27. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9 mo</u> { months or weeks } 29. Cause of stillbirth <u>Premature separation of the placenta</u> { Before labor or During labor <u>yes</u> }					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:20 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_  
Registrar. \_\_\_\_\_  
(Signed) J. C. Horton, M. D.  
or \_\_\_\_\_, Midwife  
Address Nampa, Idaho  
Filed July 6, 1933 Lydia Rodgers  
Registrar.





WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 84900

PLACE OF DEATH

County of Canyon

City of Melba

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 71

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME "S. Ellison" Nelson

(a) Residence. No. Route #1, Melba, Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

American

5. Single, Married, Widowed, or Divorced (write the word)

X X X

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

X X X

6. DATE OF BIRTH (month, day and year) June 26, 1933

7. AGE

Years

Months

Days

If LESS than 1 day,

X X hrs. or

XX min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

X X

(b) General nature of industry, business, or establishment in which employed (or employer)

X X

(c) Name of employer

9. BIRTHPLACE (city or town) Route #1, Melba, Idaho  
(State or country)

10. NAME OF FATHER

Clarence M. Kinley Nelson

11. BIRTHPLACE OF FATHER (city or town)

(State or Country)

West Point, Nebraska

12. MAIDEN NAME OF MOTHER

Ella Viola Richards

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country)

St. Edwards, Nebraska

14. Informant Clarence M. Kinley Nelson  
(Address) Route #1, Melba, Idaho

15. Filed June 29, 1933 Lyda Rodgier  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 26

1933

17. I HEREBY CERTIFY, That I attended deceased from

June 26, 1933, to June 26, 1933

that I last saw him alive on June 26, 1933

and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH\* was as follows:

Premature separation of the placenta.

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Horton, M. D.

19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Melba, Idaho

June 26, 1933

20. Undertaker

Address

Clarence Nelson

Melba

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Carson  
City of Oakley  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
213142

Registration District No. 17 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 94

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD \_\_\_\_\_

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 18</u> , 193 <u>3</u> (Month, Day, Year)
9. Full name <u>Orval Byron Adams</u>	FATHER		18. Full maiden name <u>Myra Claire Rishin</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Oakley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Oakley</u>			
11. Color or race <u>white</u>		12. Age at last birthday <u>24</u> years		20. Color or race <u>white</u>	
13. Birthplace (city or place) (State or country) <u>Oakley, Ida.</u>		21. Age at last birthday <u>20</u> years			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		22. Birthplace (city or place) (State or country) <u>Oakley, Ida.</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>			
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
18. Date (month and year) last engaged in this work _____		19. _____		25. Date (month and year) last engaged in this work _____	
20. _____		21. _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Cy No 3

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. If stillborn, period of gestation \_\_\_\_\_ months or weeks

30. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Baymer, M. D.

or \_\_\_\_\_, Midwife

Address Burley - Idaho

Filed June 20, 1933 Laura J. Grew  
Registrar.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

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N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 13 1933

PLACE OF DEATH

County of Cassia

City of Oakley

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 17

Primary Registration District No. 2126

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Adams

(a) Residence. No. Oakley, Ida St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years May 18, 1933 Months Stillborn Days — If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Oakley, Ida. (State or country)

13. NAME Orville Byron Adams

14. BIRTHPLACE (city or town) Oakley, Ida. (State or country) Cassia

15. MAIDEN NAME Myrna Claire Richins

16. BIRTHPLACE (city or town) Oakley, Ida. (State or country)

17. INFORMANT Myrna Claire Richins (Address)

18. BURIAL, CREMATION OR REMOVAL Place Oakley - Ida Date May 18, 1933

19. UNDERTAKER (Address)

20. FILED May 18, 1933 Laura Gues Registrar.

DO NOT WRITE IN THIS SPACE

84920

State File No. ....

Local Registrar's No. 50

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 193 3

22. I HEREBY CERTIFY That I attended deceased from Stillborn, 193....  
I last saw h... alive on Stillborn, 193.... death is said to have occurred on the date stated above, at .....m.  
The principal cause of death and related causes of importance were as follows:

Stillborn - due to birth

Other contributory causes of importance:

Date of onset

Name of operation None Date of.....

What test confirmed diagnosis? Stillborn Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....

(Signed) Charles B. Reynard M. D.  
(Address) Burley - Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Cass  
City of Burlington  
No. 835 703-010-696

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **213144**

Registration District No. 117 State File No. S  
Prim. Registration District No. 2196 Local Registrar's No. 91

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 3, 1933</u> <u>Month Day Year</u>
9. Full name <u>Edward Homer Steward</u>			18. Full maiden name <u>Edna Frank</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burlington</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burlington</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>32</u> (years)			21. Age at last birthday <u>32</u> (years)		
13. Birthplace (city or place) <u>Salina, Kansas</u> (State or country)			22. Birthplace (city or place) <u>Eden, Utah</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn 5  
29. If stillborn, period of gestation..... months or weeks 30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4 1/2 at P on the date above stated.  
(Name of Physician or Midwife)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Beymer, M. D.  
or \_\_\_\_\_, Midwife

Give name added from a supplemental report.....  
(Date of).....

Address Burlington - Idaho  
Filed June 20, 1933 Laura Jeco  
Registrar.





RECEIVED MAR 13 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

82534

State File No. ....

## PLACE OF DEATH

County of LarriaCity of Burley

## CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

(No. ....)

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Steward

(a) Residence. No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) S5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 3 - 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley  
(State or country) V. Idaho10. NAME OF FATHER Edward Steward11. BIRTHPLACE OF FATHER (city or town) Kansas  
(State or Country)12. MAIDEN NAME OF MOTHER Mrs. Frank13. BIRTHPLACE OF MOTHER (city or town) Weber Co  
(State or Country) Idaho14. Informant Edward Steward  
(Address) Burley Ida15. Filed Feb 4, 1933 Laura Greer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 3 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to ..... 19.....  
that I last saw h..... alive on Stillborn 19.....and that death occurred, on the date stated above, at 4:30 P.m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows:

Stillborn

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY  
(Secondary)

(duration) ..... yrs. .... mos. .... ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? No Date of .....Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles B. Beymer, M. D.  
Feb. 7, 1933 (Address) Burley, Ida.19. Place of Burial, Cremation, or Removal Burley Ida. Date of Burial 19.....20. Undertaker H. E. Johnson Address Burley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material checked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of PRELIVED JUL 1933  
City of Preston  
No. 1 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 213195Registration District No. 27 State File No. 114Prim. Registration District No. 2119 Local Registrar's No. 114

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other? <u>    </u>	and <u>    </u>	Number in order of birth <u>    </u>	Legitimate? <u>Yes</u>	Date of birth <u>June 6</u> , 1933
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver NitrateNumber of child of this mother, including present birth      (a) Born alive and now living     Born alive but now dead      Stillborn 1

FATHER  
FULL NAME Leorin Crook  
Residence (Usual place of abode) Weston, Ida.  
If non-resident, give place and State       
Color or race White Age at last birthday 29 (Years)  
Birthplace Fish Haven Ida. (City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Alta Hebden  
Residence (Usual place of abode) Weston, Ida  
If non-resident, give place and State       
Color or race White Age at last birthday 29 (Years)  
Birthplace Thaybe Wyo. (City and State or County)  
Occupation Housekeeper

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P.M. M.  
on the date above stated.

(Signature) Orson D. Driver

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Preston, IdahoFiled July 8 1933Registrar. G. D. Stiles

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RECEIVED JUL 8 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

84952

State File No. ....

## PLACE OF DEATH

County of Franklin  
City of Preston Idaho

## CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2/19Local Registrar's No. 35

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

Stillbirth

(a) Residence. No. ....

St. ....

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Single (write the word.)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 6, 19337. AGE Years Months Days If LESS than 1 day,  
hrs. or min.  
Stillbirth

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho  
(State or country)10. NAME OF FATHER Leorin Crook11. BIRTHPLACE OF FATHER (city or town) Fish Haven Idaho  
(State or Country)12. MAIDEN NAME OF MOTHER Ala & Hebden13. BIRTHPLACE OF MOTHER (city or town) Thaybe Wyo.  
(State or Country)14. Informant Leorin Crook  
(Address) Preston Idaho15. Filed July 8 1933 G. W. States  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Stillbirth  
June 6, 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 6, 1933, to June 6, 1933  
that I last saw her alive on Stillbirth, 19

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Asphyxia Neonatorum

(duration) .....yrs. ....mos. ....ds.

CONTRIBUTORY  
(Secondary)

(duration) .....yrs. ....mos. ....ds.

18. Where was disease contracted  
if not at place of death?Did an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Clamp(Signed) Robert A. D.June 7, 1933 (Address) Preston Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Preston Idaho June 7 1933

20. Undertaker

Address

✓

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH  
County of Fremont JUL 15 1933  
City of St. Anthony  
No. \_\_\_\_\_ St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 213216  
CERTIFICATE OF BIRTH

Registration District No. 99 State File No. \_\_\_\_\_  
Prim. Registration District No. 2177 Local Registrar's No. 240

2. FULL NAME OF CHILD Still-born

3. Sex Female If plural births } 4. Twin, triplet, or other ✓ 6. Premature ✓ 7. Legitimate ✓ 8. Date of birth 6-27, 1932  
Full term yes mate? yes (MONTH, DAY, YEAR)

9. Full name Rich Hall FATHER 18. Full maiden name Ruby Birch MOTHER

10. Residence (usual place of abode) St. Anthony 19. Residence (usual place of abode) St. Anthony  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 50 (years) 20. Color or race white 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Hopkinsville Ky. 22. Birthplace (city or place) Calville Utah  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. General

16. Date (month and year) last engaged in this work 6-27, 1933 17. Total time (years) spent in this work 24 25. Date (month and year) last engaged in this work 6-27, 1933 26. Total time (years) spent in this work 24

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation 9 months or weeks } 29. Cause of stillbirth Construction of cord Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_  
Registered \_\_\_\_\_ M. D. \_\_\_\_\_  
Address Pexburg - Idaho \_\_\_\_\_  
Filed July 9 1933 Sarah Munk \_\_\_\_\_  
Registrar. Registrar.



2

Don

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

# PLACE OF BIRTH

County of Germ

City of Emmett

No. \_\_\_\_\_ St. \_\_\_\_\_

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

1933

S

### CERTIFICATE OF BIRTH

213237

Registration District No. 6 State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Still born girl (Beverly Joan Woods)

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti- mated <u>yes</u>	Date of birth <u>6-18-</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 7 (a) Born alive and now living 5

Born alive but now dead 2 Stillborn one

FATHER FULL NAME <u>Amos Giles Woods</u>	MOTHER FULL MAIDEN NAME <u>Mildred Belle Brandon</u>
---	---

Residence (Usual place of abode) Sweet Idaho

If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last Birthday 42 (Years)

Birthplace Kansas (City and State or County)

Occupation farmer

If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last Birthday 28 (Years)

Birthplace Arkansas (City and State or County)

Occupation housewife

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11-20 A. on the date above stated.

(Signature) J. Reynolds

(Physician or midwife)

Address Emmett Idaho

Filed 6-18 1933

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

8

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-20M-1 RECEIVED JUL 6 1933  
CERTIFICATE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County *Gen*

City of *Emmett*

If death occurs away from usual residence, give facts called for under special information.

Registration District No. \_\_\_\_\_

Primary Registration District No. *6*

(No. \_\_\_\_\_ St.)

State File No. *84960*

Local Registrar's No. \_\_\_\_\_

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

*Beverly Joan Woods*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-  
OWED OR DIVORCED

*Female*

*White*

*Infant*  
(Write the word)

6. DATE OF BIRTH

*June 18 1933*  
(Month) (Day) (Year)

7. AGE

*new born*  
Yrs. Mos. ds.

IF LESS than 1  
day how many  
hrs. or  
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.  
(b) General nature of industry, business or establishment in which employed (or employer).

*Infant*

9. BIRTHPLACE

(State or Country) *Emmett, Idaho*

10. NAME OF

Father

*Amos G. Woods*

11. BIRTHPLACE

OF FATHER

(State or Country) *Kansas*

12. MAIDEN NAME

OF MOTHER

*Mildred Brandon*

13. BIRTHPLACE

OF MOTHER

(State or Country) *Arkansas*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*Amos G. Woods*

(Address)

*Sweet Idaho*

15.

Filed

*June 19 1933*

*J. H. Reynolds*  
Local Registrar

MEDICAL CERTIFICATE OF DEATH *206*

16. DATE OF DEATH

*June 18 1933*  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

*at birth* 19. to 19.

that I last saw him alive on 19.

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH\* was as follows:

*Still born baby*

(Duration) yrs. mos. ds.

Contributory *long labor high forceps*  
(Secondary) *delivery desk baby*

(Duration) yrs. mos. ds.

(Signed) *J. H. Reynolds* M. D.

*6/19/33* (Address)

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the  
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted  
if not at place of death?

Former or  
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Sweet, Idaho*

*6/19 1933*

20. UNDERTAKER

*C. D. Guernsey*

ADDRESS

*Emmett Idaho*

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH.**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Yam  
City of Ola  
No. \_\_\_\_\_ St. \_\_\_\_\_

RECEIVED JUL 7 1933  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 213239

(If born in hospital or institution  
give name.)

Registration District No. 6 State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Still born

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>6/25/1933</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 7 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER  
FULL NAME Mark Corbett Parker

Residence (Usual place of abode) Ola Idaho

If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last Birthday 49 (Years)

Birthplace Nevada Mo  
(City and State or County)

Occupation farmer

MOTHER  
FULL MAIDEN NAME Ethel Malinda Perry

Residence (Usual place of abode) Ola Idaho

If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last Birthday 38 (Years)

Birthplace Boise Idaho  
(City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10 45 A. M. on the date above stated.

(Signature) J. H. Reynolds

(Physician or midwife)

Address Emmett Id

Filed 6-25-1933 J. H. Reynolds

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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hvd

943-204-02-389  
 RECEIVED JUL 16 1933  
 1. PLACE OF BIRTH

County of Jerome  
 City of Jerome  
 No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **213325**

Registration District No. 18 State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature yes Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth June 4, 1933 (MONTH, DAY, YEAR)

9. Full name Ed Roberts FATHER 18. Full maiden name Wilma Christopher MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or country) Montague, Mich 22. Birthplace (city or place) (State or country) Mooreville, Alabama

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. for Self 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work June, 1933 17. Total time (years) spent in this work 15 yrs. 25. Date (month and year) last engaged in this work June, 1933 26. Total time (years) spent in this work 3 1/2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 1/2 mo. { months or weeks } 29. Cause of stillbirth Maternal Toxemia { Before labor yes During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Chas F Zeller M. D.

or \_\_\_\_\_, Midwife

Address Jerome Idaho

Filed 6/23, 1933 Chas F Zeller

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

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\_\_\_\_\_

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

\_\_\_\_\_

*[Illegible text]*

[illegible][illegible]

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1951-1952

**SECRET**

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\_\_\_\_\_

14-00000

OF OFFICE TO REPORT TO

100-443887-100

1942-1943

100-443887-100

\_\_\_\_\_

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

10-10-68

\_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of JeromeCity of Jerome

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

State File No. 84285

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Roberts

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 4 1933

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Jerome Idaho  
(State or country)13. NAME Ed Roberts14. BIRTHPLACE (city or town) Michigan  
(State or country)15. MAIDEN NAME Wilma Christopher16. BIRTHPLACE (city or town) Alabama  
(State or country)17. INFORMANT Ed Roberts  
(Address) Jerome Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Jerome Cem Date June 5, 193319. UNDERTAKER J. R. Wiley  
(Address) Jerome, Idaho20. FILED 6/23, 1933 Chas F Zeller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-4 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_, 1933, to June 4, 1933.I last saw S. Tellhorn 6-4, 1933; death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Weakness resulting from mother

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) E. T. Keller, M. D.(Address) Jerome, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE THESE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

813.1241228-449

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

213362

1. PLACE OF BIRTH  
County of Idaho  
City of Moscow  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 61 State File No. \_\_\_\_\_  
1933

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 65

2. FULL NAME OF CHILD Ronald Thos Halpin

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>6-24-1933</u> (MONTH, DAY, YEAR)
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9. Full name <u>Joseph Edward Halpin</u> FATHER	18. Full maiden name <u>Alice Jean Durham</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Moscow, Ida.</u>

11. Color or race <u>W.</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>26</u> (years)
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13. Birthplace (city or place) (State or country) <u>Washington</u>	22. Birthplace (city or place) (State or country) <u>Washington</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>33</u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>33</u>
	17. Total time (years) spent in this work <u>7</u>		26. Total time (years) spent in this work <u>2 1/2</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation <u>9</u> months or weeks	29. Cause of stillbirth <u>Strangled cord</u>	Before labor <u>no</u>	During labor <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Strangled cord on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) James L. Durham, M. D.

or \_\_\_\_\_ Midwife

Address Moscow, Idaho

Filed July 6 1933

Registrar.

Registrar.

REPORT TO THE DIRECTOR

CONFIDENTIAL

SECTION

UNIT

PROJECT

REPORT

DATE

TIME

BY

FOR

REMARKS

REMARKS

DESCRIPTION

DESCRIPTION

ANALYSIS

ANALYSIS

CONCLUSIONS

CONCLUSIONS

RECOMMENDATIONS

RECOMMENDATIONS

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EXHIBITS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of IdahoCity of McScow

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 61Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

85027

State File No. ....

Local Registrar's No. 37

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Halpin

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 24, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McScow, Ida.  
(State or country)

13. NAME J. Edward Halpin

14. BIRTHPLACE (city or town) Pullman, Wash.  
(State or country)

15. MAIDEN NAME Jean Durham

16. BIRTHPLACE (city or town) Colfax, Wash.  
(State or country)

17. INFORMANT J. Edward Halpin  
(Address) McScow, Idaho

18. BURIAL, CREMATION OR REMOVAL  
Place Colfax, Wash. Date June 24, 1933

19. UNDERTAKER H. R. Short  
(Address) McScow, Ida.

20. FILED July 6, 1933 3 Paul Embury  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from .....

....., 1933, to ....., 1933

I last saw him alive on ....., 1933; death is said

to have occurred on the date stated above, at ....., m.

The principal cause of death and related causes of importance

were as follows:

Intervened birth of  
Baby which was born  
dead - death evidently  
due to strangulation of  
umbilical cord during labor

Other contributory causes of importance:

Date of onset

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....

Date of injury ....., 1933

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Embury, M. D.  
(Address) McScow, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

213369

## CERTIFICATE OF BIRTH

## 1. PLACE OF BIRTH

County of LatahCity of MoscowNo. W. 220 Third St.(If born in hospital or institution give name.) Community HospitalRegistration District No. 61 State File No. \_\_\_\_\_Prim. Registration District No. 1011 Local Registrar's No. 57

## 2. FULL NAME OF CHILD

Stillborn

## 3. Sex

femaleIf plural  
births

## 4. Twin, triplet, or other

5. Number, in order of birth

## 6. Premature

Full term

## 7. Legiti-

mate? yes

## 8. Date of

birth 6-1-33, 1933  
(MONTH, DAY, YEAR)

## 9. Full

name

## FATHER

Helmer August Ringo

## 10. Residence (usual place of abode)

(If non-resident, give place and State) Idaho

## 11. Color or race

W.

## 12. Age at last birthday

43 (years)

## 13. Birthplace (city or place)

(State or country) Minnesota

## 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Designer

## 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

## 17. Total time (years)

spent in this work 10

## 18. Full

maiden

name

## MOTHER

Ethel Bertha Giesler

## 19. Residence (usual place of abode)

(If non-resident, give place and state) Idaho

## 20. Color or race

W.

## 21. Age at last birthday

40 (years)

## 22. Birthplace (city or place)

(State or country) Michigan

## 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

N. W.

## 25. Date (month and year) last engaged in this work

26. Total time (years)

spent in this work

## 27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 2

## 28. If stillborn,

period of gestation

9 months or weeks

## 29. Cause of stillbirth

death of fetus in uteroBefore labor ✓

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:25 a. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)(Signed) Joseph E. Wilson, M. D.

or \_\_\_\_\_, Midwife

Address Argonaut Bldg, Moscow, IdahoFiled July 6, 1933 \_\_\_\_\_

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.

(DATE OF)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



43-215

Don

2835 833201-093 855  
NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of Madison  
City of Hillbards  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

## 2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature? Yes 7. Legitimate? Yes 8. Date of birth 7-1, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (MONTH, DAY, YEAR)

9. Full name FATHER Peter McCulloch 18. Full maiden name MOTHER Mabel Hendricks

10. Residence (usual place of abode) Hillbards 19. Residence (usual place of abode) Hillbards  
(If non-resident, give place and State) (If non-resident, give place and state)

11. Color or race White 12. Age at last birthday 41 (years) 20. Color or race White 21. Age at last birthday 42 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 6 (c) Stillborn 0

28. If stillborn, { months or weeks } 29. Cause of stillbirth Influenza of Mother Before labor Yes During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 5:20 p. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }  
Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_  
(Signed) L. A. Rich, M. D.  
or \_\_\_\_\_ Midwife  
Address Rebering, Idaho  
Filed 7-8-, 1933 J. R. Young, Registrar

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933  
PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

25353

County of MadisonCity of RushburgRegistration District No. 100Primary Registration District No. 2178

State File No. ....

Local Registrar's No. 34

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby, M. Cullock(a) Residence. No. Rushburg, Ida. St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofStillborn6. DATE OF BIRTH (month, day, and year) July 12 19337. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rushburg, Ida.13. NAME Peter M. Cullock14. BIRTHPLACE (city or town) (State or country) Rushburg, Ida.15. MAIDEN NAME Mable Hendricks16. BIRTHPLACE (city or town) (State or country) Rushburg, Ida.17. INFORMANT (Address) Peter M. Cullock, Rushburg, Ida.18. BURIAL, CREMATION, OR REMOVAL Place Rushburg, Ida. Date July 2, 193319. UNDERTAKER (Address) no one20. FILED 8-5-, 1933 J. R. Young Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1933, to July 1, 1933I last saw relative on boy 7-1-, 1933: death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Macerated foetus6 months gestationStillborn

Other contributory causes of importance:

Nephritis of motherName of operation L Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. R. Young, M. D.(Address) Rushburg, Ida.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Quincy  
City of Malad  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 213473

Registration District No. 26 State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)

Prim. Registration District No. 2069 Local Registrar's No. 47

FULL NAME OF CHILD Stillbirth (Born at Hospital)  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>June 22</u> 19 <u>32</u> (Month) (Day) (Year)
--------------------------	---	---	---------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? Age 7.03

Number of child of this mother, including present birth four (a) Born alive and now living 3

Born alive but now dead none Stillborn one

FULL NAME <u>Thos R. Williams</u> FATHER	FULL MAIDEN NAME <u>Myrtle Parkinson</u> MOTHER
---	--

Residence (Usual place of abode) Malad, Ida

It non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 47 (Years)

Birthplace Malad, Idaho (City and State or County)

Occupation Laborer

Residence (Usual place of abode) Malad, Idaho

It non-resident, give place and State \_\_\_\_\_

Color or race white Age at last Birthday 26 (Years)

Birthplace Portage, Utah (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 P. M.  
on the date above stated.

(Signature) V. J. Garst

(Physician or midwife)

Address Malad City, Idaho

Filed 6/30 1932 J. M. Kars Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



REPORT OF ACTIVITIES

DATE: 10/1/78

TO: Mr. J. W. Smith

FROM: Mr. J. W. Smith

SUBJECT: 10/1/78

1. The purpose of this report is to provide a summary of the activities of the Bureau of Land Management during the month of October, 1978.

2. The following is a list of the major activities of the Bureau during the month of October, 1978:

a. The Bureau conducted a series of public hearings on the proposed action to withdraw certain lands from the public domain.

b. The Bureau completed the review of the proposed action to withdraw certain lands from the public domain.

c. The Bureau issued a decision on the proposed action to withdraw certain lands from the public domain.

d. The Bureau conducted a series of public hearings on the proposed action to withdraw certain lands from the public domain.

e. The Bureau completed the review of the proposed action to withdraw certain lands from the public domain.

f. The Bureau issued a decision on the proposed action to withdraw certain lands from the public domain.

g. The Bureau conducted a series of public hearings on the proposed action to withdraw certain lands from the public domain.

10/1/78

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

485-124-037-763  
**RECEIVED JUN 28 1933**

County of Chuysee  
City of Marsing  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

**S 213486**

Registration District No. 107 State File No. \_\_\_\_\_

Prim. Registration District No. 215 Local Registrar's No. 23

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD \_\_\_\_\_

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>6-24-</u> 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 7 (a) Born alive and now living 6

Born alive but now dead 1 Stillborn one

FATHER	MOTHER
FULL NAME <u>Frank Oye</u>	FULL MAIDEN NAME <u>Wollie Dore Gordon</u>

Residence (Usual place of abode) Marsing, Ida.

If nonresident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 49 (Years)

Birthplace Kansas (City and State or Country)

Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 4-15 P. M.  
on the date above stated.

(Signature) F. A. Marsh

(Physician or midwife)

Address Home Ida

Filed June 26 1933 F. A. Marsh

Registrar.

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.



P. 109

RECEIVED AUG 7 1933

1. PLACE OF BIRTH

County of Ada  
City of Boise

No. St Lukes St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 213659

Registration District No. 2 State File No. 1004

Prim. Registration District No. 1004 Local Registrar's No. 350

2. FULL NAME OF CHILD Stillborn

3. Sex Female (plural births) 4. Twin, triplet, or other no 6. Premature ✓ 7. Legitimate yes 8. Date of birth July 13 1933  
(MONTH, DAY, YEAR)

9. Full name Lemuel Culver FATHER 18. Full maiden name Henrietta Deering MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) 109 So. 13th 19. Residence (usual place of abode) (If non-resident, give place and State) same

11. Color or race W. 12. Age at last birthday (years) no 20. Color or race W. 21. Age at last birthday (years) no

13. Birthplace (city or place) (State or country) Boise, Ida. 22. Birthplace (city or place) (State or country) Billing, Mont.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. no 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. no

16. Date (month and year) last engaged in this work no 17. Total time (years) spent in this work no 25. Date (month and year) last engaged in this work no 26. Total time (years) spent in this work no

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn yes

28. If stillborn, period of gestation 8 1/2 months or weeks 29. Cause of stillbirth Torsion of the cord Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 12:25 p.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

When there was no attending physician midwife, then the father, householder, should make this return.

ame added from 'emental report

(DATE OF)

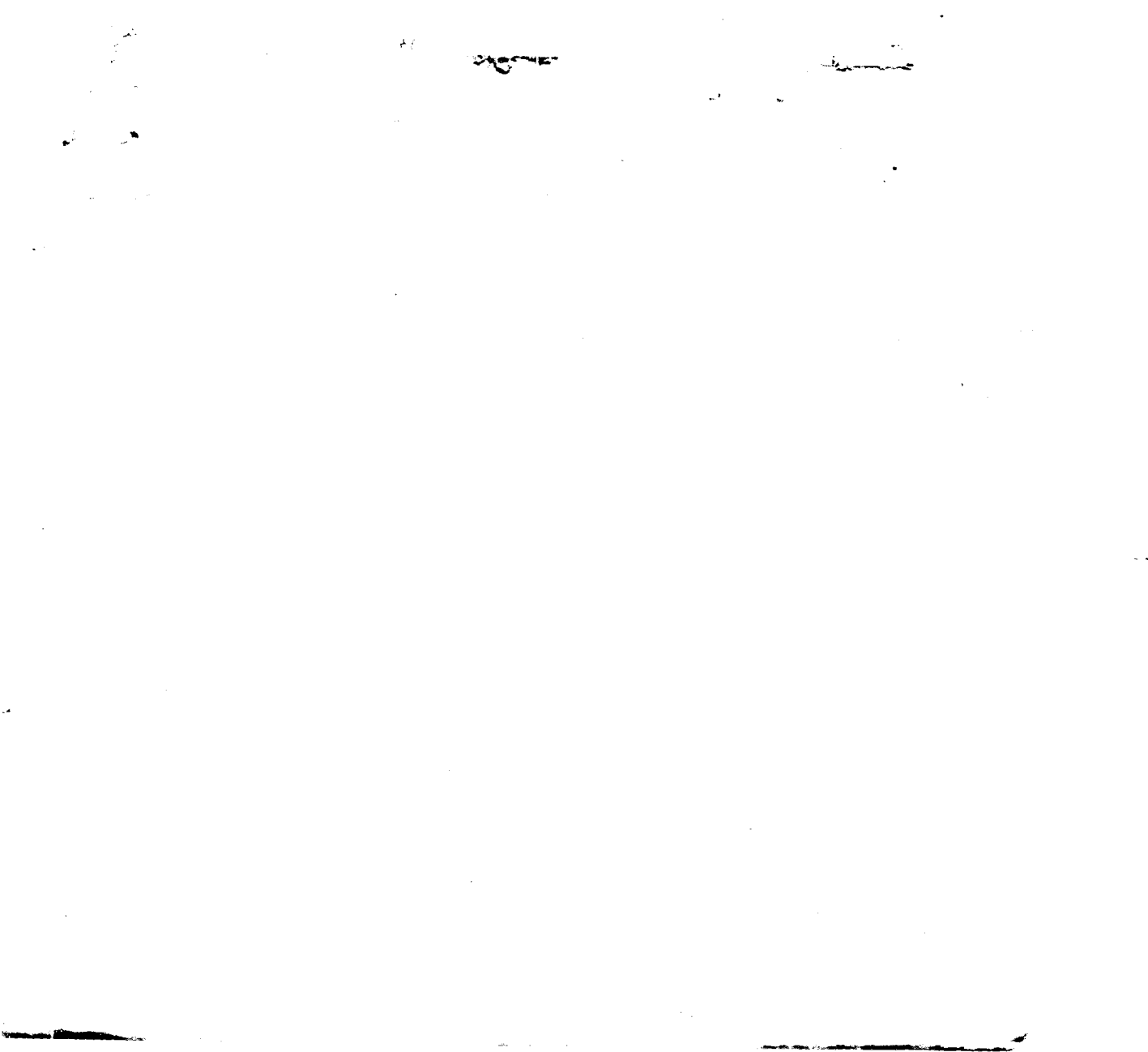
(Signed) Alfred Redger Jr., M. D.  
Midwife

Address Boise

Filed 7-21, 1933

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 1933

PLACE OF DEATH

County of Ada

City of Boise

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85158

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 184

(No. St Lukes hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Culver

(a) Residence. No. 107 SO 13th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

Single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 12/33

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

Stillborn

8. Trade, profession, or particular kind of work done, as animator, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

13. NAME Lemuel Culver

14. BIRTHPLACE (city or town) Montana  
(State or country)

15. MAIDEN NAME Henrietta Deering

16. BIRTHPLACE (city or town) Billings  
(State or country) Montana

17. INFORMANT (Address) Lemuel Culver  
107 So. 13th St. Boise Ida

18. BURIAL, CREMATION OR REMOVAL  
Place, Morris Hill Date July 12, 1933

19. UNDERTAKER Schreiber & McCann  
(Address) Boise Idaho

20. FILED 7-20-33 M. H. Chodes  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-12 1933

22. I HEREBY CERTIFY that I attended deceased from  
Stillborn

I last saw him alive on 1933; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Stillborn  
Toxemia of cord  
asphyxia

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury... 1933.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) M. D. M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 10 1933

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. St. Anthony's  
Mercy Hos.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

213708

Registration District No. 28 State File No. ....

Prim. Registration District No. 2161 Local Registrar's No. 282

2. FULL NAME OF CHILD Skyl born Walker

3. Sex. Female If plural births { 4. Twin triplet, or other ..... 6. Premature. L 7. Legitimate? yes 8. Date of birth J-27, 1933.  
(Month, Day, Year)

9. Full name FATHER George H. Walker

18. Full maiden name MOTHER Avis Miami Guyer

10. Residence (usual place of abode) (If non-resident, give place and State) 645 N. Grant

19. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race W 12. Age at last birthday 37 (years)

20. Color or race W 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or country) Ivan River, Wis

22. Birthplace (city or place) (State or country) Park Rapids, Minn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. Grocery Store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present, 1933 Total time (years) spent in this work 2

25. Date (month and year) last engaged in this work Present, 1933 Total time (years) spent in this work 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. If stillborn, { months { Before labor.....  
period of gestation { or weeks { During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) O. K. O'Call, M. D.  
was Skyl born at 6:30 a.m. on the date above stated. or Pocatello Midwife  
(Born Alive or Stillborn) Address D. C. Ray

[When there was no attending physician or midwife, then] Filed 8-7, 1933 Registrar.

2

OFFICE OF THE

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OFFICE OF THE

1109

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED PLACE OF BIRTH AUG 10 1933  
County of Bannock  
City of Pocatello  
No. 101 South Johnson St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

213709

Pocatello General Hospital Registration District No. 28 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 216 Local Registrar's No. 260

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 6</u> , 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth Four (a) Born alive and now living Three  
Born alive but now dead None Stillborn One

FATHER  
FULL NAME George Leroy Exeter  
Residence  
(Usual place of abode) 207 North Grant  
If non-resident,  
give place and State \_\_\_\_\_  
Color or race White Age at last birthday 36  
(Years)  
Birthplace Fairfield, Utah  
(City and State or County)  
Occupation Laborer

MOTHER  
FULL MAIDEN NAME Lena Paice  
Residence  
(Usual place of abode) 207 North Grant  
If non-resident,  
give place and State \_\_\_\_\_  
Color or race White Age at last birthday 27  
(Years)  
Birthplace Hooper, Utah  
(City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:31 A. M.  
on the date above stated.

(Signature) D. C. Ray

(\*Where there was no attending physician or mid-  
wife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.)

(Physician or midwife)

Address Pocatello

Filed 7-14 1933 D. C. Ray

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 10 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		85191	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No. ....	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>121</u>	
City of <u>Fontaine</u>		Primary Registration District No. <u>2161</u>			
(No. <u>General Hospital</u> )					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Euter</u>					
(a) Residence. No. <u>207 North Main St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year) <u>July 6, 1933</u>					
7. AGE Years Months Days If LESS than 1 day, hrs. or min.					
<u>Still on</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Fontaine Idaho</u>					
13. NAME <u>H. S. Euter</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Richmond Utah</u>					
15. MAIDEN NAME <u>Lena Rose</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Hesperia Utah</u>					
17. INFORMANT <u>H. S. Euter</u> <u>207 North Main St.</u>					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bannock, Idaho</u> Date <u>July 6, 1933</u>					
19. UNDERTAKER <u>H. S. Euter</u> <u>Fontaine, Idaho</u>					
(Address)					
20. FILED <u>7-6-33</u> <u>2161</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 6, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 6, 1933</u> to <u>July 6, 1933</u>					
I last saw him alive on <u>July 6, 1933</u> ; death is said to have occurred on the date stated above, at <u>207 North Main St.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Primaline</u> <u>cord around</u> <u>neck cut off</u> <u>circulation</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1933.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>J. C. Ray</u> , M. D.					
(Address)					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Barnes **RECEIVED AUG 10 1933**  
City of Pocatello  
No. 101 South Johnson St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

213710

Pocatello General Hospital Registration District No. 28 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 258

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>        </u> (To be answered only in event of plural births)	and { Number in order of birth <u>        </u>	Legitimate? <u>Yes</u>	Date of birth <u>July 3</u> , 19 <u>33</u> (Month) (Day) (Year)
----------------------------	---	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth Nine (a) Born alive and now living Eight  
Born alive but now dead None Stillborn One

FATHER  
FULL NAME Zenos Morby  
Residence (Usual place of abode) 640 North 11th  
If non-resident, give place and State \_\_\_\_\_  
Color or race White Age at last birthday 44 (Years)  
Birthplace Coleville, Utah (City and State or County)  
Occupation Truck Driver

MOTHER  
FULL MAIDEN NAME Ida Spriggs  
Residence (Usual place of abode) 640 North 11th  
If non-resident, give place and State \_\_\_\_\_  
Color or race White Age at last birthday 36 (Years)  
Birthplace Coleville, Utah (City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11:29 A. M. on the date above stated.

(Signature) H. H. Hughes M.D.

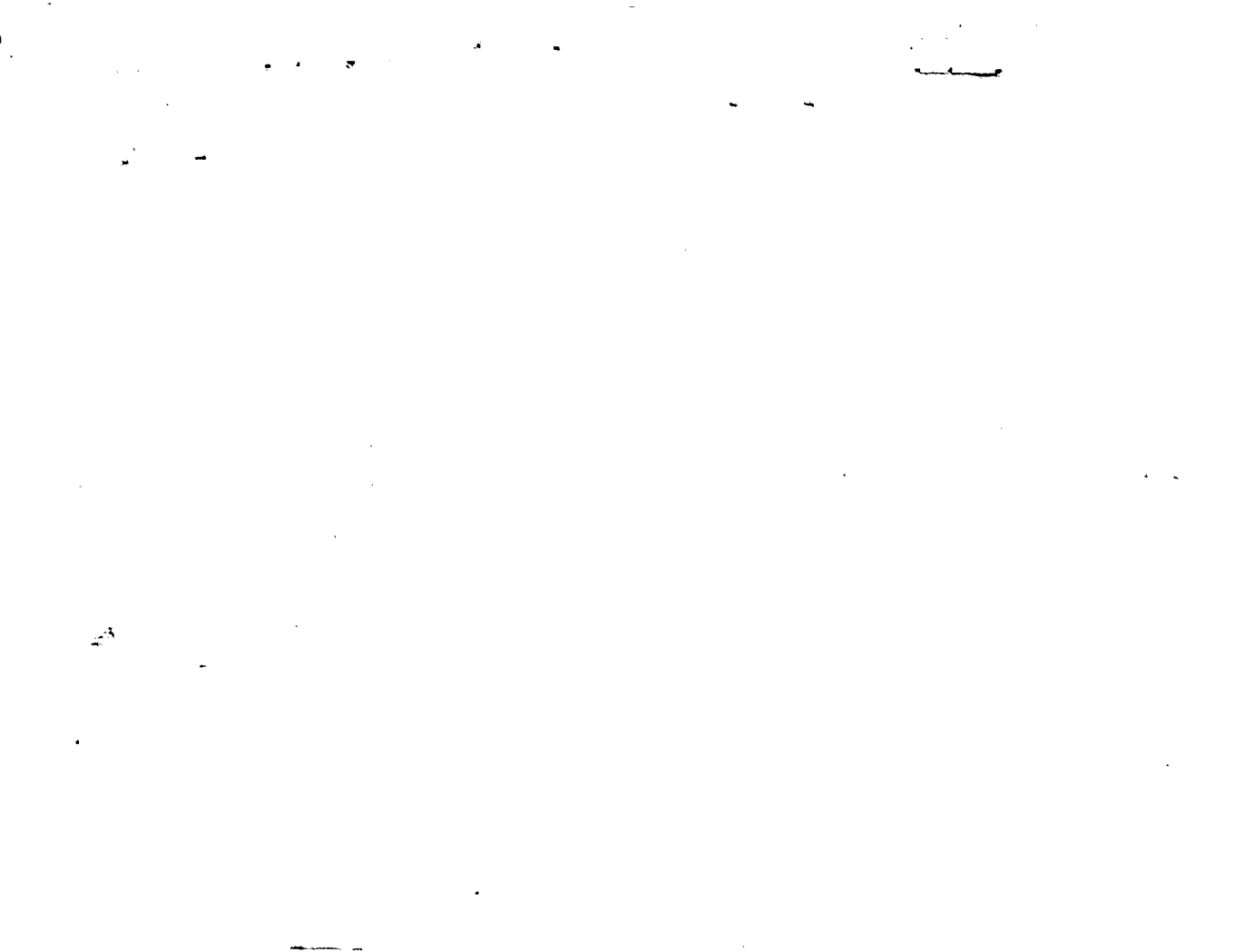
(Physician or midwife)

Address Pocatello, Idaho

Filed 7-10 1933 D. C. Ray

Registrar.

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)





# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DUP OF 1933-10/163

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

2730-101-004-241  
1. **RECEIVED** AUG 9 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

**S**

**213748**

County of Bear Lake  
City of High Haven  
No. 27 St. \_\_\_\_\_

Registration District No. 55 State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

**2. FULL NAME OF CHILD**

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 1</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Heber Stock</u>	FATHER	5. Number, in order of birth _____	Full term _____		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>High Haven</u>	18. Full maiden name <u>Offie Smart</u>		MOTHER		
11. Color or race <u>W</u>	12. Age at last birthday <u>22</u> (years)	19. Residence (usual place of abode) (If non-resident, give place and State) <u>High Haven</u>	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) (State or country) <u>Idaho</u>	22. Birthplace (city or place) (State or country) <u>Idaho</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____	
	19. _____			19. _____	
	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead _____ (c) Stillborn <u>X</u>				
28. If stillborn, period of gestation _____ months or weeks	29. Cause of stillbirth _____		Before labor _____ During labor _____		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

(Signed) C. O. Moore, M. D.

or \_\_\_\_\_, Midwife

Address Paris Idaho

Filed July 2, 1933 Kamiah J. Delaney

Registrar.

Registrar.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)



1107

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
213708

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. St. Anthony's  
Mercy Hos.  
(If born in hospital or institution give name.)

Registration District No. 28 State File No. \_\_\_\_\_  
Prim. Registration District No. 2161 Local Registrar's No. 282

2. FULL NAME OF CHILD Skyl born Walker

3. Sex. Female If plural births { 4. Twin triplet, or other \_\_\_\_\_ 6. Premature. L 7. Legitimate? yes 8. Date of birth J-27, 1933.  
(Month, Day, Year)

9. Full name FATHER George H. Walker 10. Full maiden name MOTHER Avis Miami Guyer

11. Residence (usual place of abode) (If non-resident, give place and State) 645 N. Grant 12. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_

13. Color or race W 14. Age at last birthday 37 (years) 15. Color or race W 16. Age at last birthday 37 (years)

17. Birthplace (city or place) (State or country) Ivan River, Wis 18. Birthplace (city or place) (State or country) Park Rapids, Minn.

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W

21. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. Grocery Store 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

23. Date (month and year) last engaged in this work Present, 1933 24. Total time (years) spent in this work 2  
25. Date (month and year) last engaged in this work Present, 1933 26. Total time (years) spent in this work 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. If stillborn, { months { Before labor \_\_\_\_\_  
period of gestation { or weeks { During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) O. K. Hall, M. D.  
was Skyl born at 6:30 a.m. on the date above stated. or Midwife  
(Born Alive or Stillborn) Address Pocatello Idaho

[When there was no attending physician or midwife, then] Filed 8-7, 1933 D. C. Ray  
[the father, householder, etc., should make this return.] Registrar.

2

STATE OF IDAHO

BIRTH

DEPARTMENT OF HEALTH

STATE OF IDAHO

1109

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

666-118 011-699  
1. **RECEIVED** JUL 31 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 213903

County of Boundary  
City of Bonner Ferry

No. \_\_\_\_\_ St. \_\_\_\_\_  
Bonner Ferry Hospital  
(If born in hospital or institution  
give name.)

Registration District No. 79 State File No. \_\_\_\_\_

Prim. Registration District No. 5156 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Donald Ray Woodard

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term ☒ 7. Legitimate? yes 8. Date of birth Apr. 18, 1933  
(MONTH, DAY, YEAR)

9. Full name Storrs Elwood (Woodard?) FATHER 18. Full maiden name Violet Wright MOTHER

10. Residence (usual place of abode) Sandpoint, Ida (If non-resident, give place and state) 19. Residence (usual place of abode) Sandpoint, Ida (If non-resident, give place and state)

11. Color or race W. 12. Age at last birthday 34 (years) 20. Color or race W. 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Colfax, Ill. (State or country) 22. Birthplace (city or place) Sandpoint, Ida (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. elevator operator 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 1 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 { months or weeks } 29. Cause of stillbirth Isaemic Vellitosis { Before labor \_\_\_\_\_ During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF)

(Signed) S. E. Fry, M. D.

or \_\_\_\_\_, Midwife

Address Bonner Ferry, Ida

Filed Apr. 19, 1933 S. E. Fry Registrar.

Registrar.

Nov

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED AUG 11 1933**

County of **Salmon**

City of **Salmon**

No. **Rose Hospital**

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214136

Registration District No. **41** State File No. \_\_\_\_\_

Prim. Registration District No. **2116** Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

2. **Charles** { If plural births } 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature **Yes** 7. Legitimate? **Yes** 8. Date of birth **7-1** 193**3**  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ mate? \_\_\_\_\_ (MONTH, DAY, YEAR)

9. Full name **Charles Clark** 18. Full maiden name **Sylvia Peckham** MOTHER

10. Residence (usual place of abode) **Salmon** 19. Residence (usual place of abode) **Salmon**  
(If non-resident, give place and State)

11. Color or race **W** 12. Age at last birthday **42** (years) 20. Color or race **W** 21. Age at last birthday **37** (years)

13. Birthplace (city or place) **Idaho** 22. Birthplace (city or place) \_\_\_\_\_  
(State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>School teacher</b>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <b>School teacher</b>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 19 <b>2</b>	25. Date (month and year) last engaged in this work _____ 19 <b>2</b>
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **1**

28. If stillborn, period of gestation **9** { months or weeks } 29. Cause of stillbirth **Instrumental** { Before labor **Yes** During labor **Yes** }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Stillborn** at \_\_\_\_\_ on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) **W. B. Bullton** M. D.

or \_\_\_\_\_ Midwife

Address **Salmon, Idaho**

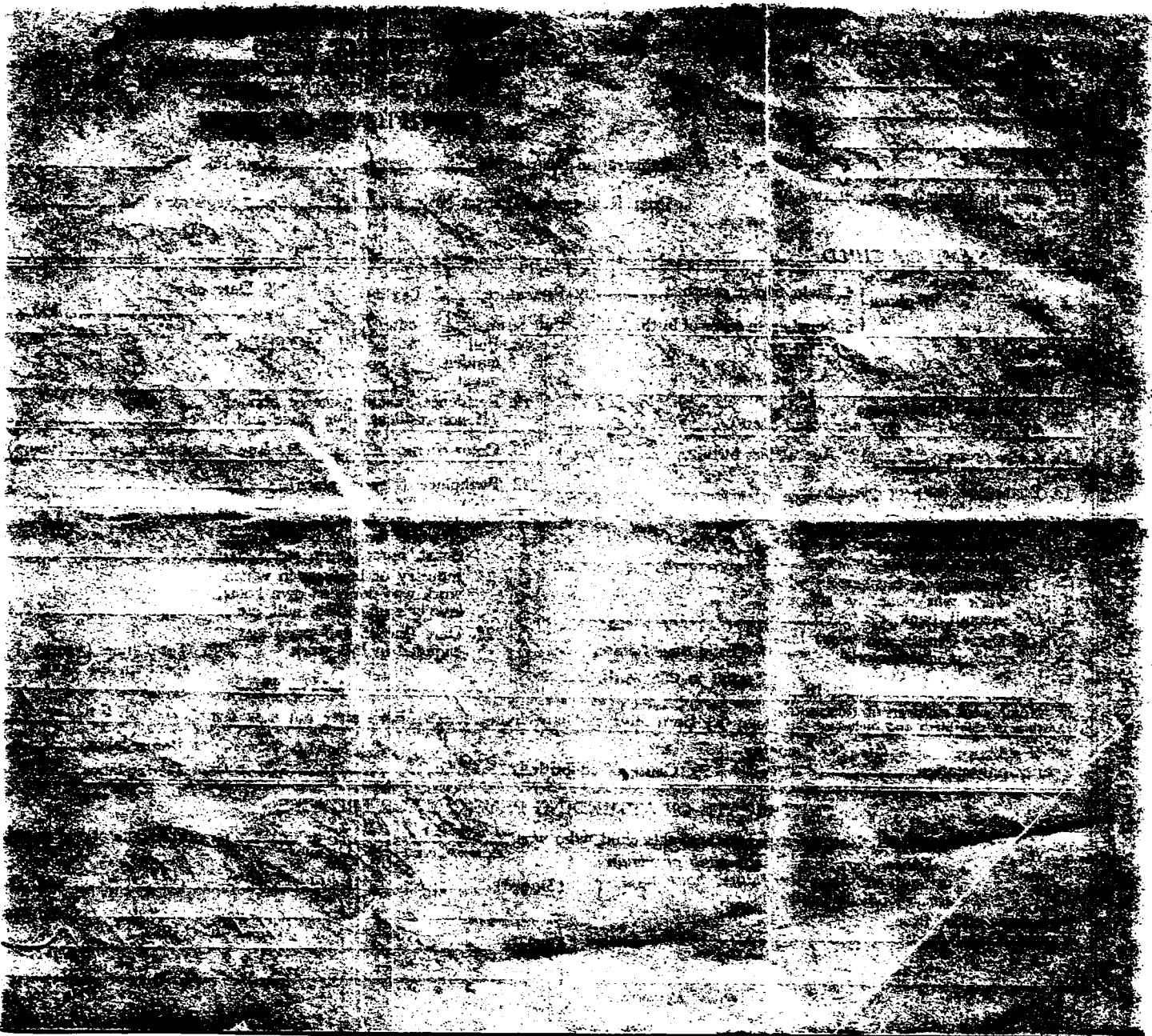
Filed **8/9** 193**3** **Chas. E. Bellamy**

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
RECEIVED AUG 1 1933		PLACE OF DEATH		COUNTY OF <u>Blaine</u>		State File No. <u>85339</u>	
City of <u>Salmon</u>		Registration District No. <u>41</u>		Primary Registration District No. <u>2116</u>		Local Registrar's No. <u>206</u>	
(No. <u>206</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stitt, Bernice</u>							
(a) Residence. No. <u>Salmon, Idaho</u> St. <u></u>		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>				21. DATE OF DEATH (month, day, and year) <u>July 1st 1933</u>			
6. DATE OF BIRTH (month, day, and year) <u>July 1st 1933</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 1st 1933</u> , 1933, to <u>July 1st 1933</u> , 1933.			
7. AGE Years <u>1</u> Months <u>1</u> Days <u>1</u>		If LESS than 1 day, hrs. <u>1</u> or min. <u>1</u>		I last saw h..... alive on <u>July 1st 1933</u> , 1933; death is said to have occurred on the date stated above, at <u>9:10 A.M.</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u></u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>		The primary cause of death and related causes of importance follows: <u>Stiff from falling instrument</u>			
10. Date deceased last worked at this occupation (month and year) <u></u>		11. Total time (years) spent in this occupation <u></u>		Date of onset: <u>July 1st 1933</u>			
12. BIRTHPLACE (city or town) <u>Salmon</u> (State or country) <u>Idaho</u>				Other contributory causes of importance: <u></u>			
13. NAME <u>E. Vaughan Clarke</u>		14. BIRTHPLACE (city or town) <u>Humboldt</u> (State or country) <u>Idaho</u>		Name of operation <u></u> Date of <u></u>			
15. MAIDEN NAME <u>Stitt</u>		16. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country) <u>Nebraska</u>		What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>			
17. INFORMANT (Address) <u>E. Vaughan Clarke</u> <u>Salmon, Idaho</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u></u> Date <u></u> , 1933		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1933.			
19. UNDERTAKER (Address) <u>Wm C Neelke</u> <u>Salmon, Idaho</u>		20. FILED <u>8/9</u> , 1933 <u>Chas E Bellamy</u> Registrar		Where did injury occur? (Specify city or town, county, and State) <u></u>			
				Specify whether injury occurred in industry, in home, or in public place. <u></u>			
				Manner of injury <u></u>			
				Nature of injury <u></u>			
				24. Was disease or injury in any way related to occupation of deceased? <u></u>			
				If so, specify <u></u>			
				(Signed) <u>Chas E Bellamy</u> M. D. <u>Salmon, Idaho</u>			
				(Address) <u></u>			



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

23  
1. PLACE OF BIRTH RECEIVED AUG 9 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 214188

County of Johnson  
City of Reynoldsburg  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 100 State File No. \_\_\_\_\_  
Prim. Registration District No. 2178 Local Registrar's No. 132

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Aug 2</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Robert M. Sterepek</u>	FATHER	5. Number, in order of birth	Full term	18. Full maiden name <u>Maggie J. Benton</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynoldsburg</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Reynoldsburg</u>		17. Date of birth	
11. Color or race <u>W</u>	12. Age at last birthday <u>47</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>46</u> (years)	16. Date (month and year) last engaged in this work	
13. Birthplace (city or place) (State or country) <u>Texas</u>		22. Birthplace (city or place) (State or country) <u>Texas</u>		15. Industry or business in which work was done, as spinner, sawmill, bank, etc. <u>Laborer</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
19		19		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_  
28. If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth Strangulation Before labor \_\_\_\_\_ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 p. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) H. J. Spring, M. D.  
or \_\_\_\_\_, Midwife  
Address Reynoldsburg  
Filed 8-5, 1933 J. R. Young, Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Madison

City of Reynolds

Registration District No. 100

Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No.

85346

Local Registrar's No. 41

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 2 - 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reynolds, Ida

13. NAME Robert M. Steep

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Maggie Julia Benton

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Robert M. Steep  
Reynolds, Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Reynolds Date Aug 2, 1933

19. UNDERTAKER (Address) none

20. FILED Aug 5, 1933 Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1933, to Aug 2, 1933

I last saw him alive on Aug 2: death is said to have occurred on the date stated above, at Reynolds m.

The principal cause of death and related causes of importance were as follows:

Stillborn asphyxiated in birth canal.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Steep M. D.

(Address) Reynolds

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Madison  
City of Libbard

No. 265-126033.997 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH - 214189

Registration District No. 100 State File No. 2178

Prim. Registration District No. 2178 Local Registrar's No. 136

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 26, 1933</u> (MONTH, DAY, YEAR)
9. Full name <u>William Sauer</u>	FATHER		18. Full maiden name <u>Olive Beck Ridy</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Libbard</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Libbard</u>		
11. Color or race <u>W</u>			21. Age at last birthday <u>38</u> (years)		
12. Age at last birthday <u>39</u> (years)			22. Birthplace (city or place) (State or country) <u>Libbard</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>months</u> 29. Cause of stillbirth <u>Before labor</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 PM on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

Registrar.

(Signed) W. R. Ridy M. D.

or W. R. Ridy Midwife

Address Libbard

Filed 8-5-1933 W. R. Ridy Registrar.

NO DANGER TO INTELLIGENCE OR ORDER IN  
THE MIDDLE EAST

1. NAME \_\_\_\_\_  
2. ADDRESS \_\_\_\_\_  
3. CITY \_\_\_\_\_  
4. STATE \_\_\_\_\_  
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261. PRINT ZIP \_\_\_\_\_  
26

1. I am a resident of the United States of America.

*[Faint, illegible text from bleed-through]*

...the ... of ... in ...

[illegible]

1. NAME \_\_\_\_\_

2. DATE \_\_\_\_\_

3. TIME \_\_\_\_\_

4. LOCATION \_\_\_\_\_

5. DESCRIPTION \_\_\_\_\_

6. REMARKS \_\_\_\_\_

7. SIGNATURE \_\_\_\_\_

8. DATE \_\_\_\_\_

9. TIME \_\_\_\_\_

10. LOCATION \_\_\_\_\_

11. DESCRIPTION \_\_\_\_\_

12. REMARKS \_\_\_\_\_

13. SIGNATURE \_\_\_\_\_

14. DATE \_\_\_\_\_

15. TIME \_\_\_\_\_

16. LOCATION \_\_\_\_\_

17. DESCRIPTION \_\_\_\_\_

18. REMARKS \_\_\_\_\_

19. SIGNATURE \_\_\_\_\_

20. DATE \_\_\_\_\_

21. TIME \_\_\_\_\_

22. LOCATION \_\_\_\_\_

23. DESCRIPTION \_\_\_\_\_

24. REMARKS \_\_\_\_\_

25. SIGNATURE \_\_\_\_\_

26. DATE \_\_\_\_\_

27. TIME \_\_\_\_\_

28. LOCATION \_\_\_\_\_

29. DESCRIPTION \_\_\_\_\_

30. REMARKS \_\_\_\_\_

31. SIGNATURE \_\_\_\_\_

32. DATE \_\_\_\_\_

33. TIME \_\_\_\_\_

34. LOCATION \_\_\_\_\_

35. DESCRIPTION \_\_\_\_\_

36. REMARKS \_\_\_\_\_

37. SIGNATURE \_\_\_\_\_

38. DATE \_\_\_\_\_

39. TIME \_\_\_\_\_

40. LOCATION \_\_\_\_\_

41. DESCRIPTION \_\_\_\_\_

42. REMARKS \_\_\_\_\_

43. SIGNATURE \_\_\_\_\_

44. DATE \_\_\_\_\_

45. TIME \_\_\_\_\_

46. LOCATION \_\_\_\_\_

47. DESCRIPTION \_\_\_\_\_

48. REMARKS \_\_\_\_\_

49. SIGNATURE \_\_\_\_\_

50. DATE \_\_\_\_\_

51. TIME \_\_\_\_\_

52. LOCATION \_\_\_\_\_

53. DESCRIPTION \_\_\_\_\_

54. REMARKS \_\_\_\_\_

55. SIGNATURE \_\_\_\_\_

56. DATE \_\_\_\_\_

57. TIME \_\_\_\_\_

58. LOCATION \_\_\_\_\_

59. DESCRIPTION \_\_\_\_\_

60. REMARKS \_\_\_\_\_

61. SIGNATURE \_\_\_\_\_

62. DATE \_\_\_\_\_

63. TIME \_\_\_\_\_

64. LOCATION \_\_\_\_\_

65. DESCRIPTION \_\_\_\_\_

66. REMARKS \_\_\_\_\_

67. SIGNATURE \_\_\_\_\_

68. DATE \_\_\_\_\_

69. TIME \_\_\_\_\_

70. LOCATION \_\_\_\_\_

71. DESCRIPTION \_\_\_\_\_

72. REMARKS \_\_\_\_\_

73. SIGNATURE \_\_\_\_\_

74. DATE \_\_\_\_\_

75. TIME \_\_\_\_\_

76. LOCATION \_\_\_\_\_

77. DESCRIPTION \_\_\_\_\_

78. REMARKS \_\_\_\_\_

79. SIGNATURE \_\_\_\_\_

80. DATE \_\_\_\_\_

81. TIME \_\_\_\_\_

82. LOCATION \_\_\_\_\_

83. DESCRIPTION \_\_\_\_\_

84. REMARKS \_\_\_\_\_

85. SIGNATURE \_\_\_\_\_

86. DATE \_\_\_\_\_

87. TIME \_\_\_\_\_

88. LOCATION \_\_\_\_\_

89. DESCRIPTION \_\_\_\_\_

90. REMARKS \_\_\_\_\_

91. SIGNATURE \_\_\_\_\_

92. DATE \_\_\_\_\_

93. TIME \_\_\_\_\_

94. LOCATION \_\_\_\_\_

95. DESCRIPTION \_\_\_\_\_

96. REMARKS \_\_\_\_\_

97. SIGNATURE \_\_\_\_\_

98. DATE \_\_\_\_\_

99. TIME \_\_\_\_\_

100. LOCATION \_\_\_\_\_

101. DESCRIPTION \_\_\_\_\_

102. REMARKS \_\_\_\_\_

103. SIGNATURE \_\_\_\_\_

104. DATE \_\_\_\_\_

105. TIME \_\_\_\_\_

106. LOCATION \_\_\_\_\_

107. DESCRIPTION \_\_\_\_\_

108. REMARKS \_\_\_\_\_

109. SIGNATURE \_\_\_\_\_

110. DATE \_\_\_\_\_

111. TIME \_\_\_\_\_

112. LOCATION \_\_\_\_\_

113. DESCRIPTION \_\_\_\_\_

114. REMARKS \_\_\_\_\_

115. SIGNATURE \_\_\_\_\_

116. DATE \_\_\_\_\_

117. TIME \_\_\_\_\_

118. LOCATION \_\_\_\_\_

119. DESCRIPTION \_\_\_\_\_

120. REMARKS \_\_\_\_\_

121. SIGNATURE \_\_\_\_\_

122. DATE \_\_\_\_\_

123. TIME \_\_\_\_\_

124. LOCATION \_\_\_\_\_

125. DESCRIPTION \_\_\_\_\_

126. REMARKS \_\_\_\_\_

127. SIGNATURE \_\_\_\_\_

128. DATE \_\_\_\_\_

129. TIME \_\_\_\_\_

130. LOCATION \_\_\_\_\_

131. DESCRIPTION \_\_\_\_\_

132. REMARKS \_\_\_\_\_

133. SIGNATURE \_\_\_\_\_

134. DATE \_\_\_\_\_

135. TIME \_\_\_\_\_

136. LOCATION \_\_\_\_\_

137. DESCRIPTION \_\_\_\_\_

138. REMARKS \_\_\_\_\_

139. SIGNATURE \_\_\_\_\_

140. DATE \_\_\_\_\_

141. TIME \_\_\_\_\_

142. LOCATION \_\_\_\_\_

143. DESCRIPTION \_\_\_\_\_

144. REMARKS \_\_\_\_\_

145. SIGNATURE \_\_\_\_\_

146. DATE \_\_\_\_\_

147. TIME \_\_\_\_\_

148. LOCATION \_\_\_\_\_

149. DESCRIPTION \_\_\_\_\_

150. REMARKS \_\_\_\_\_

151. SIGNATURE \_\_\_\_\_

152. DATE \_\_\_\_\_

153. TIME \_\_\_\_\_

154. LOCATION \_\_\_\_\_

155. DESCRIPTION \_\_\_\_\_

156. REMARKS \_\_\_\_\_

157. SIGNATURE \_\_\_\_\_

158. DATE \_\_\_\_\_

159. TIME \_\_\_\_\_

160. LOCATION \_\_\_\_\_

161. DESCRIPTION \_\_\_\_\_

162. REMARKS \_\_\_\_\_

163. SIGNATURE \_\_\_\_\_

164. DATE \_\_\_\_\_

165. TIME \_\_\_\_\_

166. LOCATION \_\_\_\_\_

167. DESCRIPTION \_\_\_\_\_

168. REMARKS \_\_\_\_\_

169. SIGNATURE \_\_\_\_\_

170. DATE \_\_\_\_\_

171. TIME \_\_\_\_\_

172. LOCATION \_\_\_\_\_

173. DESCRIPTION \_\_\_\_\_

174. REMARKS \_\_\_\_\_

175. SIGNATURE \_\_\_\_\_

176. DATE \_\_\_\_\_

177. TIME \_\_\_\_\_

178. LOCATION \_\_\_\_\_

179. DESCRIPTION \_\_\_\_\_

180. REMARKS \_\_\_\_\_

181. SIGNATURE \_\_\_\_\_

182. DATE \_\_\_\_\_

183. TIME \_\_\_\_\_

184. LOCATION \_\_\_\_\_

185. DESCRIPTION \_\_\_\_\_

186. REMARKS \_\_\_\_\_

187. SIGNATURE \_\_\_\_\_

188. DATE \_\_\_\_\_

189. TIME \_\_\_\_\_

190. LOCATION \_\_\_\_\_

191. DESCRIPTION \_\_\_\_\_

192. REMARKS \_\_\_\_\_

193. SIGNATURE \_\_\_\_\_

194. DATE \_\_\_\_\_

195. TIME \_\_\_\_\_

196. LOCATION \_\_\_\_\_

197. DESCRIPTION \_\_\_\_\_

198. REMARKS \_\_\_\_\_

199. SIGNATURE \_\_\_\_\_

200. DATE \_\_\_\_\_

201. TIME \_\_\_\_\_

202. LOCATION \_\_\_\_\_

203. DESCRIPTION \_\_\_\_\_

204. REMARKS \_\_\_\_\_

205. SIGNATURE \_\_\_\_\_

206. DATE \_\_\_\_\_

207. TIME \_\_\_\_\_

208. LOCATION \_\_\_\_\_

209. DESCRIPTION \_\_\_\_\_

210. REMARKS \_\_\_\_\_

211. SIGNATURE \_\_\_\_\_

212. DATE \_\_\_\_\_

213. TIME \_\_\_\_\_

214. LOCATION \_\_\_\_\_

215. DESCRIPTION \_\_\_\_\_

216. REMARKS \_\_\_\_\_

217. SIGNATURE \_\_\_\_\_

218. DATE \_\_\_\_\_

219. TIME \_\_\_\_\_

220. LOCATION \_\_\_\_\_

221. DESCRIPTION \_\_\_\_\_

222. REMARKS \_\_\_\_\_

223. SIGNATURE \_\_\_\_\_

224. DATE \_\_\_\_\_

225. TIME \_\_\_\_\_

226. LOCATION \_\_\_\_\_

227. DESCRIPTION \_\_\_\_\_

228. REMARKS \_\_\_\_\_

229. SIGNATURE \_\_\_\_\_

230. DATE \_\_\_\_\_

231. TIME \_\_\_\_\_

232. LOCATION \_\_\_\_\_

233. DESCRIPTION \_\_\_\_\_

234. REMARKS \_\_\_\_\_

235. SIGNATURE \_\_\_\_\_

236. DATE \_\_\_\_\_

237. TIME \_\_\_\_\_

238. LOCATION \_\_\_\_\_

239. DESCRIPTION \_\_\_\_\_

240. REMARKS \_\_\_\_\_

241

[illegible]

(40 2240)

\_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933 STATE OF IDAHO  
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
COUNTY OF Madison  
CITY OF Rexburg  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 85350County of MadisonCity of RexburgRegistration District No. 10Primary Registration District No. 2178Local Registrar's No. 38(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Saurey

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 26 19337. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or min. StillbornOCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Hibbard  
(State or country) Idaho13. NAME Wm. Saurey14. BIRTHPLACE (city or town) Hibbard  
(State or country) Idaho15. MAIDEN NAME Olive Rigby16. BIRTHPLACE (city or town) Hibbard  
(State or country) Idaho17. INFORMANT Mrs Hattie Rigby  
(Address) Hibbard Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Rexburg Date July 29 193319. UNDERTAKER W. Becher  
(Address) Rexburg Idaho20. FILED Reg 3, 193 3 W. Becher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 26 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Stillborn  
Baby delivered after  
unlabeled expiration  
for Carolyn's examination

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

\_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) W. Becher, M. D.(Address) Rexburg Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH **RECEIVED AUG 9 1933**County of MadisonCity of SugarNo. 296-110033-257 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICSCERTIFICATE OF BIRTH **214190**Registration District No. 140 State File No. \_\_\_\_\_Prim. Registration District No. 2178 Local Registrar's No. 142

## 2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7 10</u> 193 <u>3</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____		Full term? <u>✓</u>			
9. Full name FATHER <u>Cleo Henry Browning</u>			18. Full maiden name MOTHER <u>Norma Bean</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sugar</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Sugar</u>		
11. Color of hair <u>White</u>		12. Age at last birthday <u>32</u> (years)		20. Color of hair <u>White</u>	
13. Birthplace (city or place) (State or country) <u>Idaho</u>		21. Age at last birthday <u>32</u> (years)		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
19 _____		19 _____		26. Total time (years) spent in this work _____	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth <u>Premature separation of placenta</u>		Before labor <u>✓</u> During labor _____	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 7 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Lavin T. Rich, M. D.

or \_\_\_\_\_, Midwife

Address Reubing IdahoFiled 8-6- 1933 J. Young

Registrar

(DATE OF)

Registrar.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.Give name added from  
a supplemental report \_\_\_\_\_



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 9 1933  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

85352

State File No.

County of MadisonCity of SugarRegistration District No. 100Primary Registration District No. 2178Local Registrar's No. 35

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Browning(a) Residence. No. Sugar City Ida. St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) W.

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 10 - 1933

7. AGE Stillborn  
Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sugar City Ida.  
(State or country)

13. NAME Blas Browning

14. BIRTHPLACE (city or town) Thornton Ida.  
(State or country)

15. MAIDEN NAME Norma Bean

16. BIRTHPLACE (city or town) Payette Utah  
(State or country)

17. INFORMANT Blas Browning  
(Address) Sugar Ida.

18. BURIAL, CREMATION, OR REMOVAL  
Place Sugar Ida. Date July 11, 1933

19. UNDERTAKER W. H. Young  
(Address) Idaho

20. FILED Aug 5, 1933 J. H. Young  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1933, to July 10, 1933I last saw him clearly, 1933; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Secordam

Other contributory causes of importance:

Premature separation of placenta before birth.Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Lois A. Rich, M. D.(Address) Rehburg Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

### EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
<b>Other CONTRIBUTORY CAUSES of importance:</b>	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

759,215,035-218  
1. RECEIVED AUG 3 1933

County of Big Horn  
City of Southwick  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 63 State File No. \_\_\_\_\_

Prim. Registration District No. 2143 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Infant Perry

3. Sex female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth July 15, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER Commander James Perry 18. Full maiden name MOTHER Clara Belle Hayward  
10. Residence (usual place of abode) Southwick 19. Residence (usual place of abode) Southwick  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 28 (years) 20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) London, Idaho 22. Birthplace (city or place) Ogden, Utah  
(State or country)

OCCUPATION	FATHER	OCCUPATION	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Home</u>
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth Unknown { Before labor yes During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9 P. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(DATE OF)

Registrar.

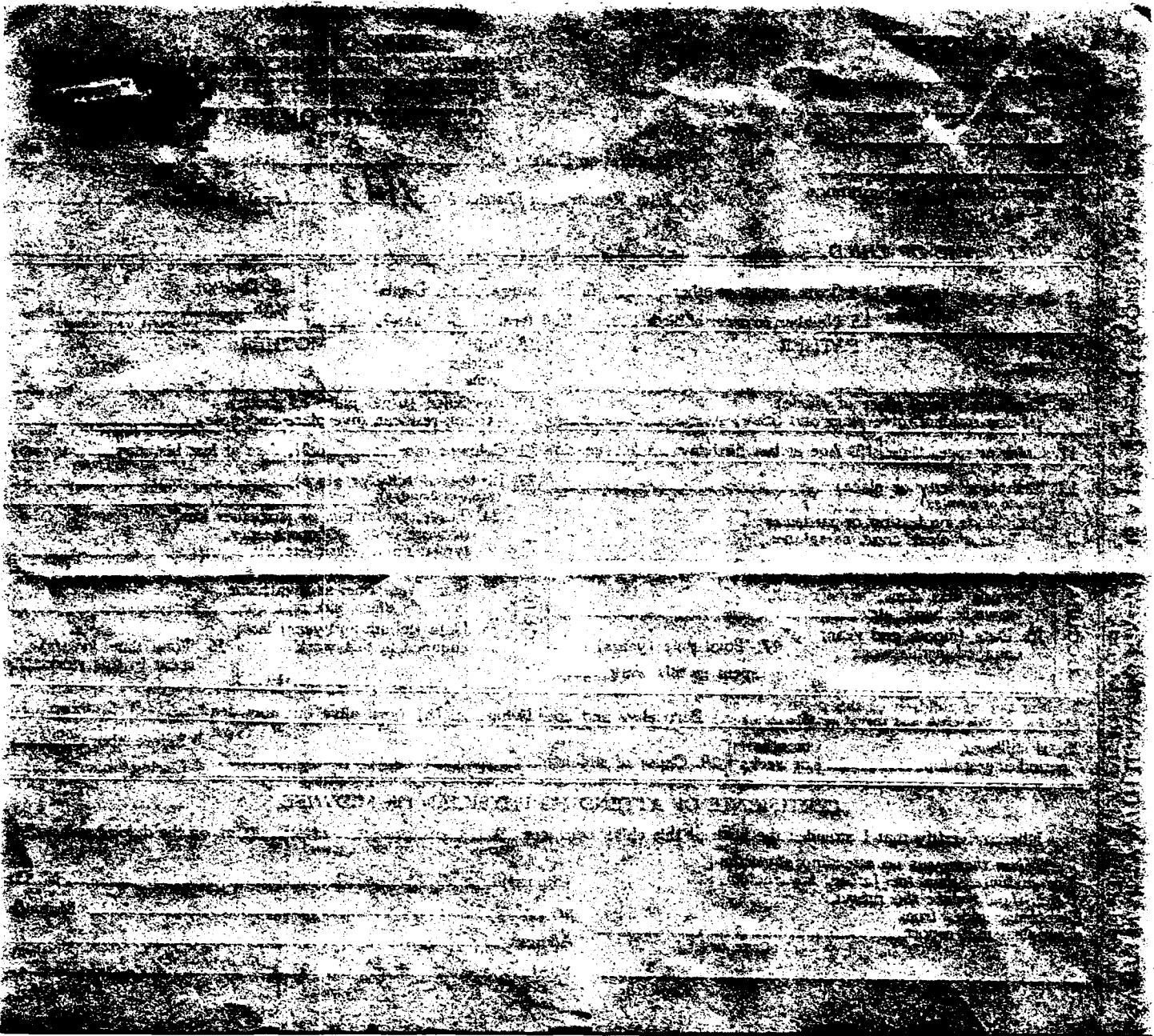
(Signed) D. A. Christensen, M. D.

or \_\_\_\_\_ Midwife

Address Kindred, Idaho

Filed July 20, 1933 B. H. Nesbit

Registrar.



RECEIVED AUG 3 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 85366

## PLACE OF DEATH

County of Myer  
City of Southwick

## CERTIFICATE OF DEATH

Registration District No. 63Primary Registration District No. 2143

(No. ....)

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Perry

(a) Residence. No. .... St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day and year) July 15, 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Southwick, Idaho  
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Logan, Idaho  
(State or Country)12. MAIDEN NAME OF MOTHER Class Belle Hayward13. BIRTHPLACE OF MOTHER (city or town) Overland, Kansas  
(State or Country)14. Informant (Address) Southwick, Idaho15. Filed July 16, 1933 P. A. Webb  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 16, 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....  
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Stillbirth  
(Cause unknown)

.....(duration) .....yrs. ....mos. ....ds.

CONTRIBUTORY  
(Secondary)

.....(duration) .....yrs. ....mos. ....ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Dr. B. B. B. B.July 16, 1933 (Address) Southwick, Idaho

19. Place of Burial, Cremation, or Removal

Southwick, Idaho

20. Undertaker

PHYSICIAN  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS, state MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 13 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
214468

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. 109 - Pole St.

Registration District No. 28 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2161 Local Registrar's No. 330

2. FULL NAME OF CHILD Still Born

3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>8-17</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name FATHER  
Charles Lee Donnell  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello  
11. Color or race Indian 12. Age at last birthday 39 (years)  
13. Birthplace (city or place)  
(State or country) Idaho

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oil Shop  
16. Date (month and year) last engaged in this work  
Present, 1933  
17. Total time (years) spent in this work 8

18. Full maiden name MOTHER  
Ide Dexton  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Pocatello  
20. Color or race White 21. Age at last birthday 29 (years)  
22. Birthplace (city or place)  
(State or country) Idaho

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work  
Present, 1933  
26. Total time (years) spent in this work 10

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 1  
28. If stillborn, period of gestation 6 months or weeks { 29. Cause of stillbirth premature labor { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3:30 a.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(BORN ALIVE OR STILLBORN)

(Signed) [Signature], M. D.

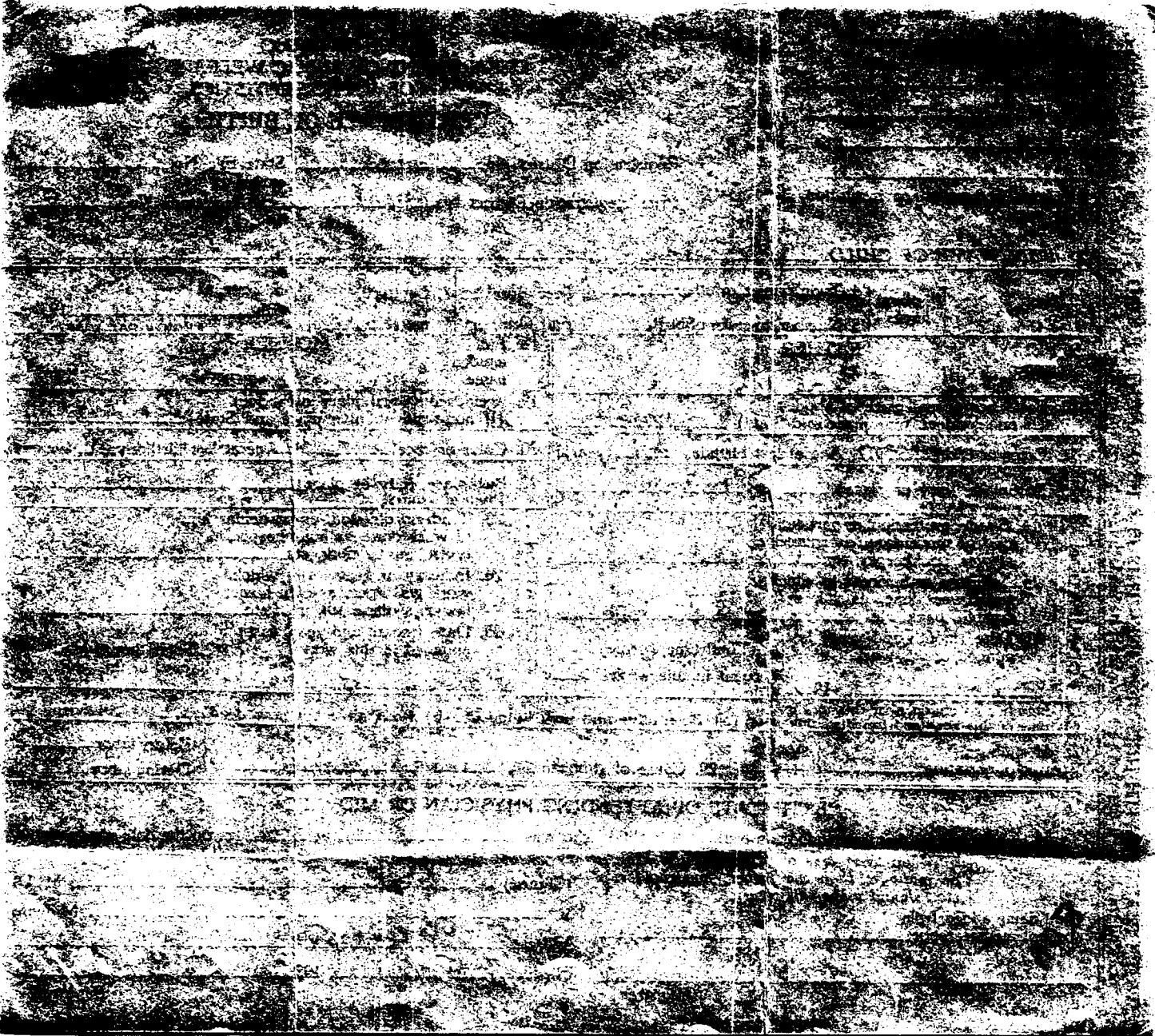
or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

Address Pocatello, Idaho  
Filed 8-31, 1933 D. C. Ray

Registrar.

Registrar.



RECEIVED SEP 8 1933

1. PLACE OF BIRTH  
County of Benedict  
City of County  
No. St. Morris - Idaho  
at home  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE 214502  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **S**

Registration District No. 32 State File No. \_\_\_\_\_  
Prim. Registration District No. 2049 Local Registrar's No. 9

2. FULL NAME OF CHILD Premature Stillborn

3. Sex. Male If plural births { 4. Twin triplet, or other yes 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug. 21, 1933  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, Day, Year)

9. Full name FATHER Elroy James Edwards 18. Full maiden name MOTHER Marie Genevieve McLaughlin

10. Residence (usual place of abode) St. Morris 19. Residence (usual place of abode) St. Morris  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 26 (years) 20. Color or race white 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Minnesota 22. Birthplace (city or place) Spokane, Wash.  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hawaiian

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_  
25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. If stillborn, yes { months Math not full on Swedish { Before labor yes  
period of gestation 6 1/2 { or weeks { During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:17 p.m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Dr. J. J. J. J. J., M. D.  
or Physician & Surgeon Midwife  
Address St. Morris - Idaho  
Filed 9-6, 1933 W. K. Baker Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

CONFIDENTIAL OR RUTH

Print Registration District No. \_\_\_\_\_

(11 born in hospital in India  
then 1920-1921)

10-11-68

98167

could exist. (medium-100 11)

12-10-1941

2 AB, 2000 10-10-10

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[illegible]

...and the ...

— 200 —

CEB

1990

CONFIDENTIAL

\_\_\_\_\_

[illegible]

017A91000

CERTIFICATE OF ATTENDANCE PRESENTED BY MIDWINTER

changed the birth of the child, who was born on 12/22/1944.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

[illegible]

1941-1942

\_\_\_\_\_

RECEIVED SEP 8 1933

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bennett

## CERTIFICATE OF DEATH

State File No. 85530City of St. MarisRegistration District No. 32Primary Registration District No. 2049Local Registrar's No. 6(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stichom - Primate body(a) Residence. No. on RanchSt. St. Maris Id.

(Usual place of abode)

Length of residence in city or town where death occurred. 1 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? 1 yrs. 5 mos. 20 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) ✓5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stichom - 4:07 6 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation no12. BIRTHPLACE (city or town) (State or country) St. Maris13. NAME St. Maris14. BIRTHPLACE (city or town) (State or country) Miss15. MAIDEN NAME Marie Leneviev16. BIRTHPLACE (city or town) (State or country) St. Maris17. INFORMANT (Address) St. Maris

18. BURIAL, CREMATION, OR REMOVAL Place Date, 193

19. UNDERTAKER (Address)

20. FILED 9-6, 193 30

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Stichom Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to , 193

I last saw h. alive on , 193: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Not known

Other contributory causes of importance:

Probable a fall the  
weather got severe  
days before

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 6, 193Where did injury occur? ✓  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Kinsolving, M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 11 1933  
PLACE OF BIRTH

County of Bingham  
City of Blackfoot  
No. R. F. D. 1 St.

343-120-006-251

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S  
214516

Registration District No. 121 State File No. \_\_\_\_\_

Prim. Registration District No. 2194 Local Registrar's No. 291

FULL NAME OF CHILD

Leidean Tucker

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mated <u>yes</u>	Date of birth <u>Aug. 20<sup>th</sup> 1933</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 0

FATHER  
FULL NAME Dean Webb Tucker

Residence (Usual place of abode) Blackfoot, ID

If nonresident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 25 (Years)

Birthplace North Powder, Oregon  
(City and State or Country)

Occupation Farmer

MOTHER  
FULL MAIDEN NAME Leida Seamans

Residence (Usual place of abode) Blackfoot, ID

If nonresident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 18 (Years)

Birthplace Blackfoot, Ida  
(City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. Stillborn (at \_\_\_\_\_ M.)

(Signature) W. Beck

(Physician or midwife)

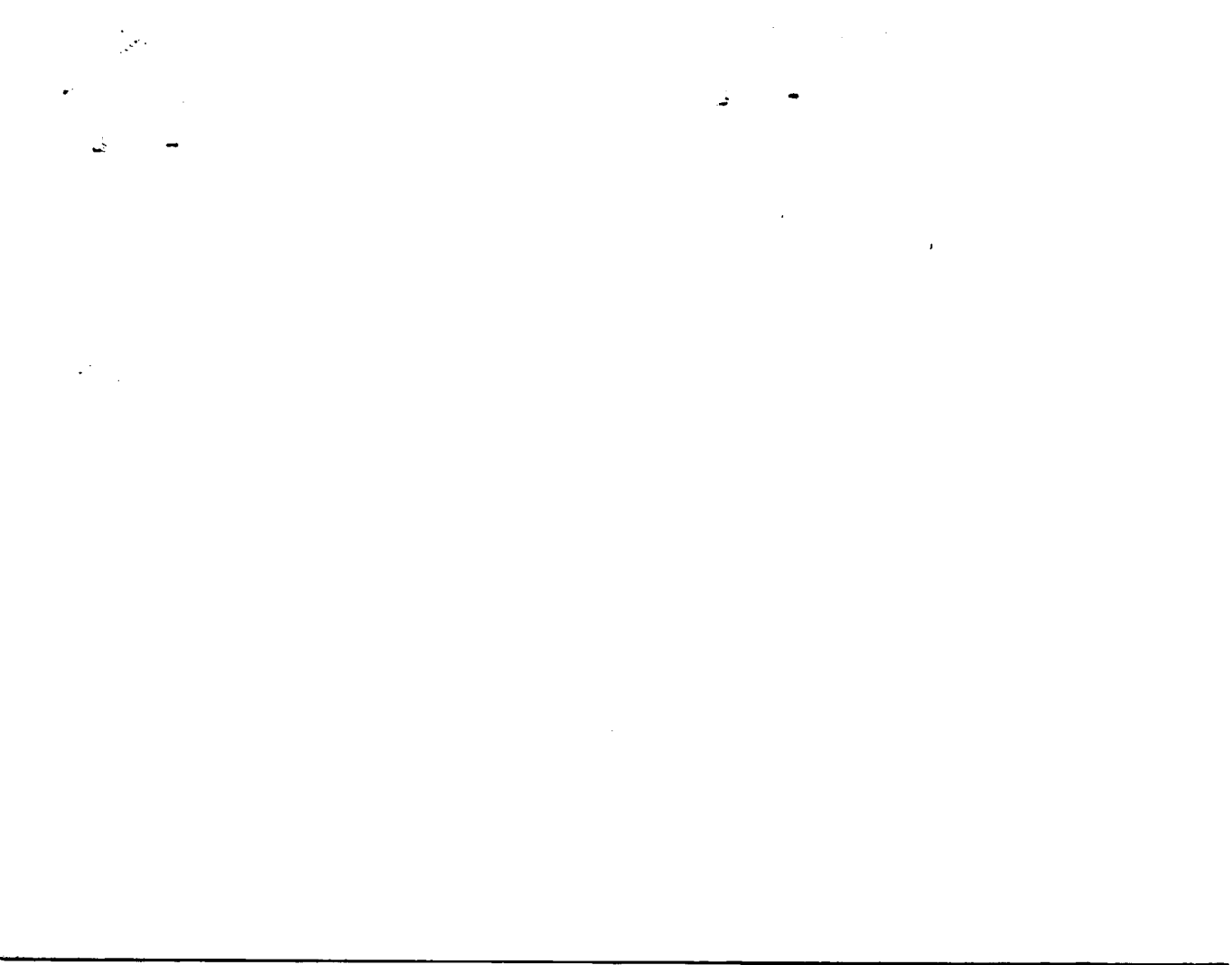
Address Blackfoot, Ida

Filed Sept 5 1933 Mr. H. E. Hulse

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 11 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

85549

State File No. ....

PLACE OF DEATH  
County of BinghamCity of Blackfoot

R. 7. D. 4

Registration District No. 191Primary Registration District No. 2194Local Registrar's No. 126*Stillborn*

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dean Webb Tucker(a) Residence. No. Blackfoot St. R. 7. D. 4

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 20<sup>th</sup> 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot Id.  
(State or country)13. NAME Dean Webb Tucker14. BIRTHPLACE (city or town) North Powder Oregon  
(State or country)15. MAIDEN NAME Lelda Seamans16. BIRTHPLACE (city or town) Blackfoot Id.  
(State or country)17. INHERITANCE (Address) A. V. Tucker18. BURIAL, CREMATION, OR REMOVAL Place St. Ann's Blackfoot Date Aug 21, 193319. UNDERTAKER (Address) Blackfoot Id. #120. FILED Aug 20, 1933 Mo State Stat. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20, 1933, to Aug 20, 1933I last saw him alive on Aug 20, 1933; death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Asphyxia  
Neonatorum  
Aug 20 1933

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1933

Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. W. Beck, M. D.(Address) Blackfoot, Id.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

SEP 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

S214552

County of Sandpoint  
City of Sandpoint  
No. 2 St.Registration District No. 76 State File No. 2(If born in hospital or institution  
give name.)Prim. Registration District No. 2155 Local Registrar's No. 96FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate <u>yes</u>	Date of birth <u>Aug 8</u> 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 1Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Albert Kleren</u>	MOTHER FULL MAIDEN NAME <u>Mabel Haugen</u>
--	--

Residence (Usual place of abode) Sandpoint, Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 25 (Years)Birthplace Norway (City and State or County)Occupation Farmer

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P. M.  
on the date above stated.(Signature) W. E. Taylor M.D.

(Physician or midwife)

Address Sandpoint, IdahoFiled Sept. 2 1933 Viola Allers  
Deputy Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

2-2

2-2

2-2

2-2

2-2

2-2

2-2

2-2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

## PLACE OF DEATH

County of *Bonanza*City of *Sandpoint*

1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. *78*Primary Registration District No. *2155*

DO NOT WRITE IN THIS SPACE

State File No. *85565*Local Registrar's No. *56*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Infant Kleven*

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Single*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Aug. 8, 1933*7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
*Stillbirth*8. Trade, profession, or particular kind of work done, as *spinster, sawyer, bookkeeper, etc.* *None*9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Sandpoint Idaho*  
(State or country)13. NAME *Albert Kleven*14. BIRTHPLACE (city or town) *Norway*  
(State or country)15. MAIDEN NAME *Mabel Haugen*16. BIRTHPLACE (city or town) *Canada*  
(State or country)17. INFORMANT *Albert Kleven*  
(Address) *Sandpoint Idaho*18. BURIAL, CREMATION OR REMOVAL *Cremated*  
Place *Sandpoint Idaho* Date *Aug. 11, 1933*19. UNDERTAKER *L. H. Moon*  
(Address) *Sandpoint Idaho*20. FILED *Aug. 11, 1933* *Viola Allen*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *Aug. 8, 1933*22. I HEREBY CERTIFY, That I attended deceased from *Aug. 8, 1933*, to *Aug. 8, 1933*.I last saw him alive on *Aug. 8, 1933*; death is said to have occurred on the date stated above, at *5:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Still birth**5 mo fetus*

Other contributory causes of importance:

Date of onset *Aug. 8, 1933*

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 1933.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify.....(Signed) *J. H. Tyler* M. D.(Address) *Sandpoint Idaho*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED SEP 5 1933

County of Langley  
City of Langley, Idaho  
No. 2 St. 3

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S214553

Registration District No. 76 State File No. 97  
(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 97

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>    </u>	and	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of birth <u>Aug 14</u> 19 <u>33</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?     

Number of child of this mother, including present birth 1 (a) Born alive and now living 0  
Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Earl Homer</u>	FULL MAIDEN NAME <u>Tom H. Kilhoil</u>
Residence (Usual place of abode) <u>Langley, Idaho</u>	Residence (Usual place of abode) <u>Langley, Idaho</u>
If non-resident, give place and State <u>    </u>	If non-resident, give place and State <u>    </u>
Color or race <u>White</u> Age at last Birthday <u>20</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)
Birthplace <u>Dutchman, Kansas</u> (City and State or County)	Birthplace <u>Granville, Ohio</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housework</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:45 A. M. on the date above stated.

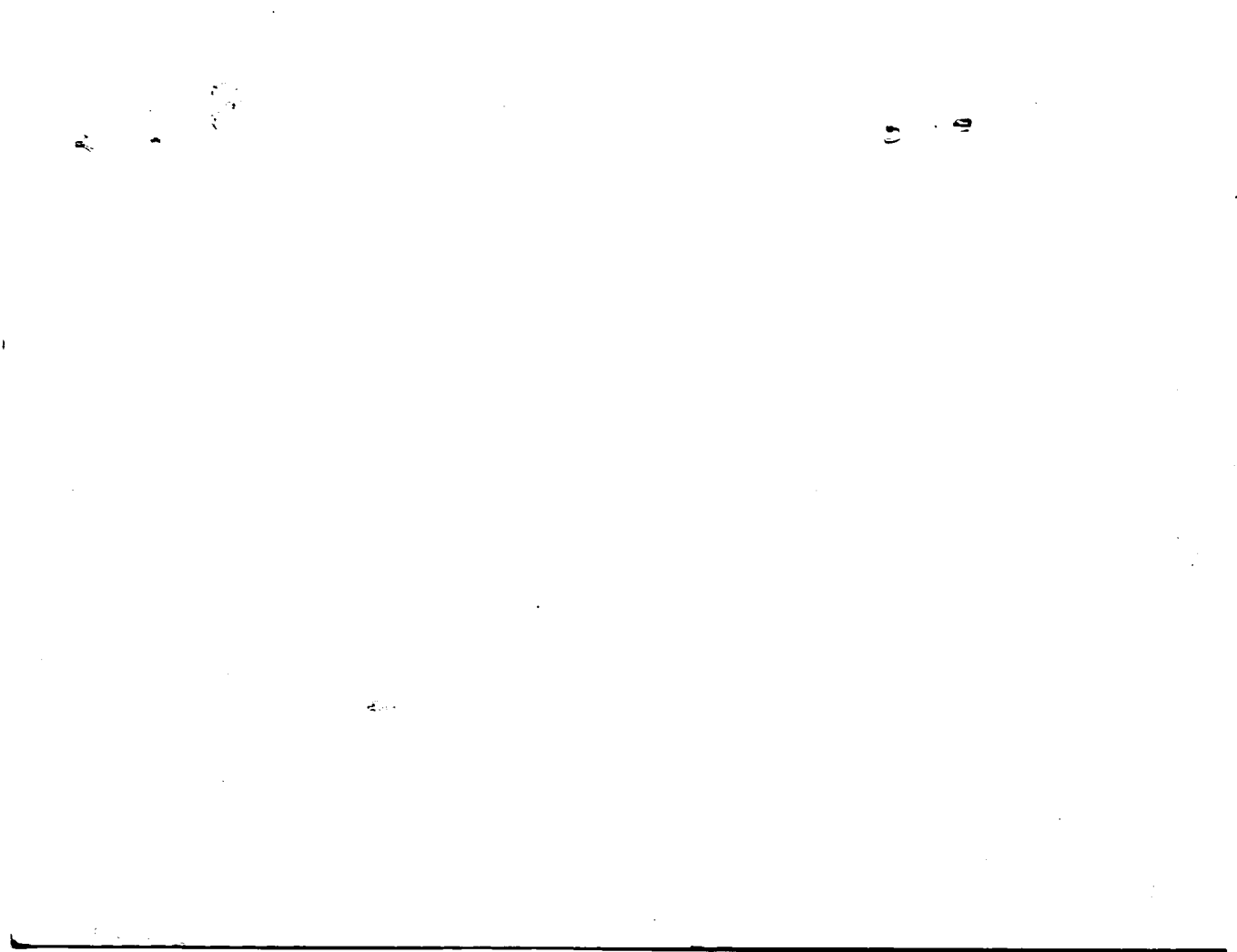
(Signature) Wm. F. Tyler, M.D.  
Physician  
(Physician or midwife)

Address Langley, Idaho

Filed Sept. 2 1933 Viola Allen  
Deputy Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 85564

PLACE OF DEATH  
County of Bonner  
City of Sandpoint

Registration District No. 76Primary Registration District No. 2155Local Registrar's No. 57

(No. Single Idaho)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Horner(a) Residence. No. Single Idaho St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/14/33 still born7. AGE Years Months Days If LESS than 1 day, hrs. or min. still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Single Idaho13. NAME Earl R Horner14. BIRTHPLACE (city or town) (State or country) Kansas15. MAIDEN NAME Ann Wilhoit16. BIRTHPLACE (city or town) (State or country) Oklahoma17. INFORMANT (Address) J. L. Horner Single Idaho18. BURIAL, CREMATION, OR REMOVAL Place Sandpoint Date 8/14, 193319. UNDERTAKER (Address) Turnbull Co Sandpoint20. FILED Aug 14, 1933 Viola Allen Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended (deceased from) \_\_\_\_\_

Aug 13, 1933, to Aug 14, 1933I last saw him alive on \_\_\_\_\_, 1933; death is saidto have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulation of umbilical cord  
7 mo fetus  
still birth

Other contributory causes of importance:

Name of operation no Date of \_\_\_\_\_What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Wm F. Tyler, M. D.(Address) Sandpoint Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

RECEIVED SEP 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214574

1. PLACE OF BIRTH  
City Idaho Falls  
No. L. D. S. Hospital  
(If born in hospital or institution give name.)

Registration District No. 73 State File No. 2150  
Prim. Registration District No. 2150 Local Registrar's No. 339

2. FULL NAME OF CHILD

Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Aug. 5, 1933 (Month, Day, Year)

9. Full name FATHER Alton R. Howell 18. Full maiden name MOTHER Leara M. Patton

10. Residence (usual place of abode) Idaho Falls 19. Residence (usual place of abode) Idaho Falls  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 34 (years) 20. Color or race W. 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Pennsylvania 22. Birthplace (city or place) Oklahoma  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O. & L. Railroad 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Aug. 1933 17. Total time (years) spent in this work 17 yrs. 25. Date (month and year) last engaged in this work Aug. 1933 26. Total time (years) spent in this work 9 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3. (b) Born alive but now dead 0. (c) Stillborn 1

29. If stillborn, period of gestation 8 months 30. Cause of stillbirth Placenta Previa with hemorrhage  
Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8:20 at 8 m. on the date above stated.  
(Signature of stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. D. S. Hospital, M. D.

or Physician Midwife

Address Idaho Falls, Idaho

Filed Aug. 14, 1933 Registrar

Registrar

Give name added from a supplemental report.....  
(Date of)

Registrar.

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[The remainder of the page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document. Some fragments are visible, such as "CONFIDENTIAL" and "RECEIVED", but they are not legible.]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

85572

County of Bannerville  
City of Idaho Falls

CERTIFICATE OF DEATH

State File No. ....

Registration District No. 73

Primary Registration District No. 21, V-0 Local Registrar's No. 147

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Howell

(a) Residence. No. PA 5 St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 8-1933

7. AGE Years Stillbirth Months Days If LESS than 1 day... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

13. NAME Alton R. Howell

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

15. MAIDEN NAME Leora M. Patton

16. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

17. INFORMANT Alton Howell (Address) Idaho Falls

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date 8/9 1933

19. UNDERTAKER T. F. McMan (Address) Idaho Falls

20. FILED Aug 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to ..... 193.....

I last saw h..... alive on ..... 193..... death is said to have occurred on the date stated above, at ..... a.m.

The principal cause of death and related causes of importance were as follows:

Still Born

Placenta Previa

Other contributory causes of importance:

Hemorrhage

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) J. E. Patton M. D.

(Address) Idaho Falls

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 7 1933

STATE OF OREGON  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214576

Registration District No. 73 State File No.  
Primary Registration District No. 3.50 Local Registrar's No. 349

1. PLACE OF BIRTH  
County of Benton  
City of Idaho Falls  
No. \_\_\_\_\_ St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <input checked="" type="checkbox"/> Full term	7. Legitimate <input checked="" type="checkbox"/> Mated <input checked="" type="checkbox"/>	8. Date of birth <u>Aug 10 1933</u> (month, day, year)
9. Full name <u>Lowell Thomas Page</u> FATHER				18. Full maiden name <u>Flourine Cook</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		
11. Color or race <u>white</u>		12. Age at last birthday <u>25</u> (years)		20. Color or race <u>white</u>		21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho Falls</u>				22. Birthplace (city or place) (State or country) <u>Idaho Falls</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u>		
15. Industry or business in which work was done, as mill, sawmill, bank, etc. <u>Idaho Mountain Mollen Mills</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work <u>Aug 1933</u>				17. Total time (years) spent in this work <u>2 1/2</u>		25. Date (month and year) last engaged in this work
19. _____				26. Total time (years) spent in this work		_____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 7 1/2 months or weeks } 30. Cause of stillbirth Placental separation } Before labor yes  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:15 p. m. on the date above stated.  
(Born Alive or Stillborn)

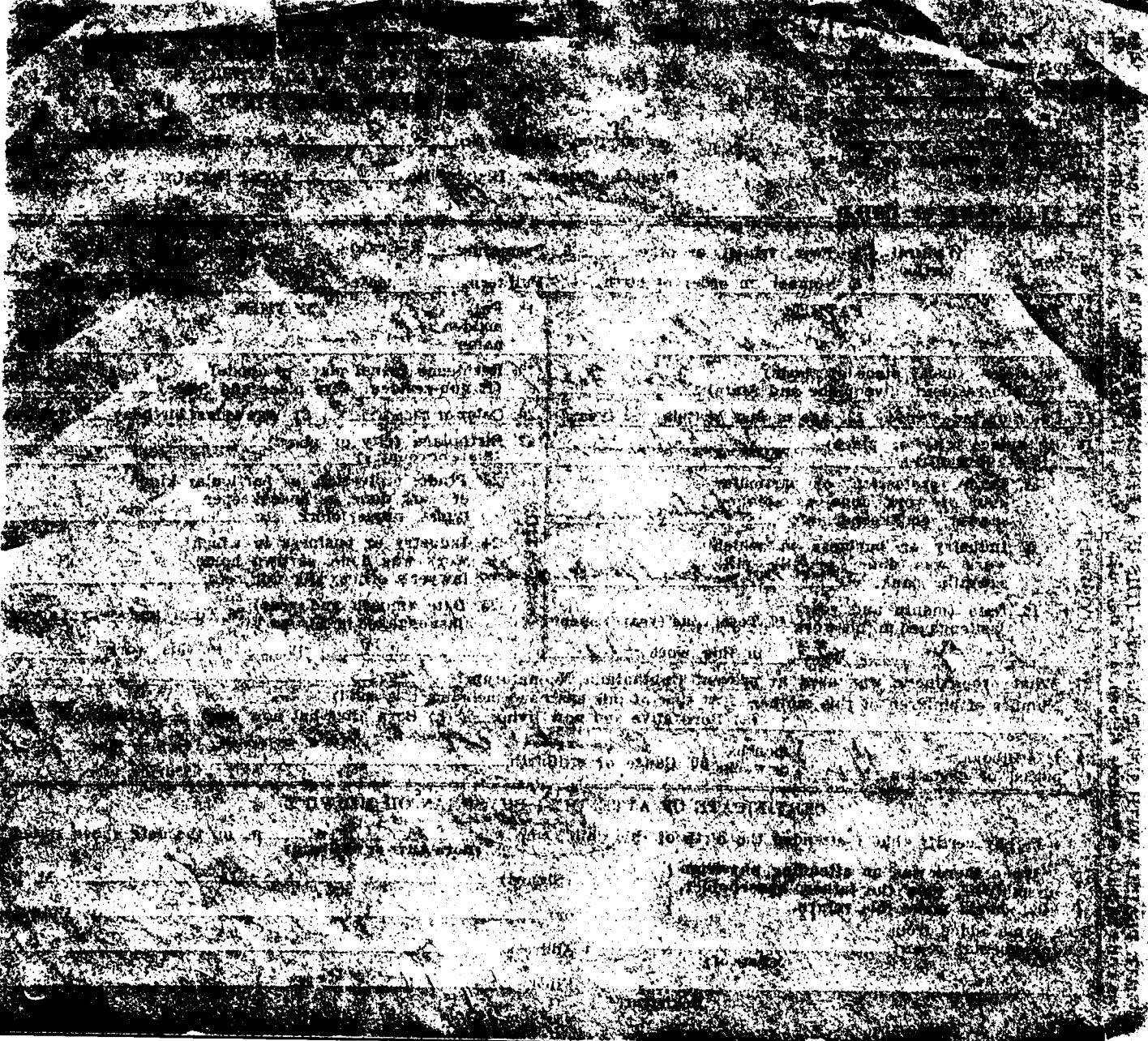
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_  
(Date of)

Registrar.

(Signed) M.D. M. D.  
or M.D. Midwife  
Address Idaho Falls, Idaho  
Filed Aug 14 1933 Capman  
Registrar





M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 7 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bonner  
City of Idaho Falls

## CERTIFICATE OF DEATH

State File No. 85567Registration District No. 73Primary Registration District No. 2140 Local Registrar's No. 162

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)  
Aug 14, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Idaho Falls  
(State or country) \_\_\_\_\_

13. NAME Lowell Thomas Page

14. BIRTHPLACE (city or town) Not Born  
(State or country) \_\_\_\_\_

15. MAIDEN NAME Florence Cook

16. BIRTHPLACE (city or town) Ruby, R. 2, Idaho  
(State or country) \_\_\_\_\_

17. INFORMANT Mother  
(Address) \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL  
Place Idaho Falls Date July 15, 1933

19. UNDERTAKER name  
(Address) \_\_\_\_\_

20. FILED Aug 17, 1933 C. Freeman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to Aug 14, 1933.

I last saw him live on Aug 14, 1933; death is said to have occurred on the date stated above, at 12:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Prenatal Hypertension  
Toxemia of Mother July 5-5/33

Other contributory causes of importance:

Premature baby  
death in utero

Name of operation \_\_\_\_\_  
test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:  
Accident, suicide, or homicide?..... Date of injury... 193.  
Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify \_\_\_\_\_

(Signed) C. Freeman M. D.  
(Address) Idaho Falls, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

813 215010-635  
RECEIVED SEP 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

214577

1. PLACE OF BIRTH  
County of Bannock  
City of Snake Falls  
No. R702 St.

Registration District No. 23 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 100 Local Registrar's No. 350

2. FULL NAME OF CHILD Clara Ruth - Hackman

3. Sex F If plural births } 4. Twin, triplet, or other..... 6. Premature Yes 7. Legitimate Yes 8. Date of birth Aug 14 - 1933  
5. Number, in order of birth..... Full term..... mate Yes (Month, Day, Year)

9. Full name FATHER Tracy Hackman 18. Full maiden name MOTHER Anna T. Lessan

10. Residence (usual place of abode) Snake Falls 19. Residence (usual place of abode) Snake Falls  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Germany 22. Birthplace (city or place) Germany  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinning 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House work 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4  
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 mo } months or weeks 30. Cause of stillbirth Compression cord in uterus } Before labor Yes During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Full term at 2 m. on the date above stated.  
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Coussinard, M. D.

Give name added from a supplemental report..... Address Snake Falls  
(Date of).....

Filed Aug 14, 1933 Coussinard Registrar.

1. Name of the person or persons to whom the property is being transferred (hereinafter referred to as the "donee")

2. Name of the person or persons from whom the property is being transferred (hereinafter referred to as the "transferor")

3. Description of the property being transferred

4. Date of the transfer

5. Signature of the transferor

6. Signature of the donee

7. Notarization

8. Witnesses

9. Other

10. Date

**B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED SEP 7 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214585

1. PLACE OF BIRTH  
County of Bannock  
City of Idaho Falls  
No. L. D. S. Hospital  
(If born in hospital or institution give name.)

Registration District No. 73 State File No. 348  
Prim. Registration District No. 2150 Local Registrar's No. 348

2. FULL NAME OF CHILD

3. Sex Female If plural births None 4. Twin, triplet, or other None 5. Number, in order of birth 1 6. Premature Yes 7. Legitimate Yes 8. Date of birth Aug. 10, 1933  
(Month, Day, Year)

9. Full name FATHER Wilford Eddis Craft  
10. Residence (usual place of abode) Idaho Falls  
(If non-resident, give place and State) Idaho Falls  
11. Color or race White 12. Age at last birthday 43 (years)  
13. Birthplace (city or place) Idaho Falls  
(State or country)

18. Full maiden name MOTHER Lena Jackson  
19. Residence (usual place of abode) Idaho Falls  
(If non-resident, give place and State) Idaho Falls  
20. Color or race White 21. Age at last birthday 38 (years)  
22. Birthplace (city or place) Idaho Falls  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bootmaker, etc. Red work  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Reiner  
16. Date (month and year) last engaged in this work August, 1933  
17. Total time (years) spent in this work 2 yrs

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
25. Date (month and year) last engaged in this work August, 1933  
26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, period of gestation 8 1/2 months or weeks 30. Cause of stillbirth Placenta Previa  
hemorrhage Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10 12 at 9 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature] M. D.

or [Signature] Midwife

Give name added from supplemental report Idaho Falls Idaho

Address Idaho Falls Idaho

Filed Aug. 17, 1933 [Signature] Registrar

Registrar.

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



1974-1975

\_\_\_\_\_

100-443887-100

\_\_\_\_\_

RECEIVED SEP 7 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

85568

County of Bannock  
City of Shoshone Falls

## CERTIFICATE OF DEATH

State File No. ....

Registration District No. 73Primary Registration District No. 2150 Local Registrar's No. 161(No. H. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) -

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 10 - 19337. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
none8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.10. Date deceased last worked at this occupation (mo. and yr.) Aug. 1, 1933 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Shoshone Falls (State or country) Idaho12. NAME Wilford Eddie Craft14. BIRTHPLACE (city or town) Pocatello (State or country) Idaho15. MAIDEN NAME Leona Jacobson16. BIRTHPLACE (city or town) Shoshone Falls (State or country)17. INFORMANT Wilford Eddie Craft (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Swan Valley Date Aug. 11, 193319. UNDERTAKER same (Address)20. FILED Aug. 11, 1933 Dr. H. M. Kinnard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 10 1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10 1933 to Aug 10 1933I last saw him alive on 8/9/33 death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature separation of placenta in utero9/10/33

Other contributory causes of importance:

Placental Praevia (8 1/2 mos)Name of operator Induction & L.A.W. Date of 8/10/33What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1933

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Dr. H. M. Kinnard M. D.(Address) Shoshone Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF RECEIVED SEP 7 1933  
County of Donnerville  
City of Shabo Falls B&D #5  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

214603

Registration District No. 73 State File No. \_\_\_\_\_  
Prim. Registration District No. 2140 Local Registrar's No. 360

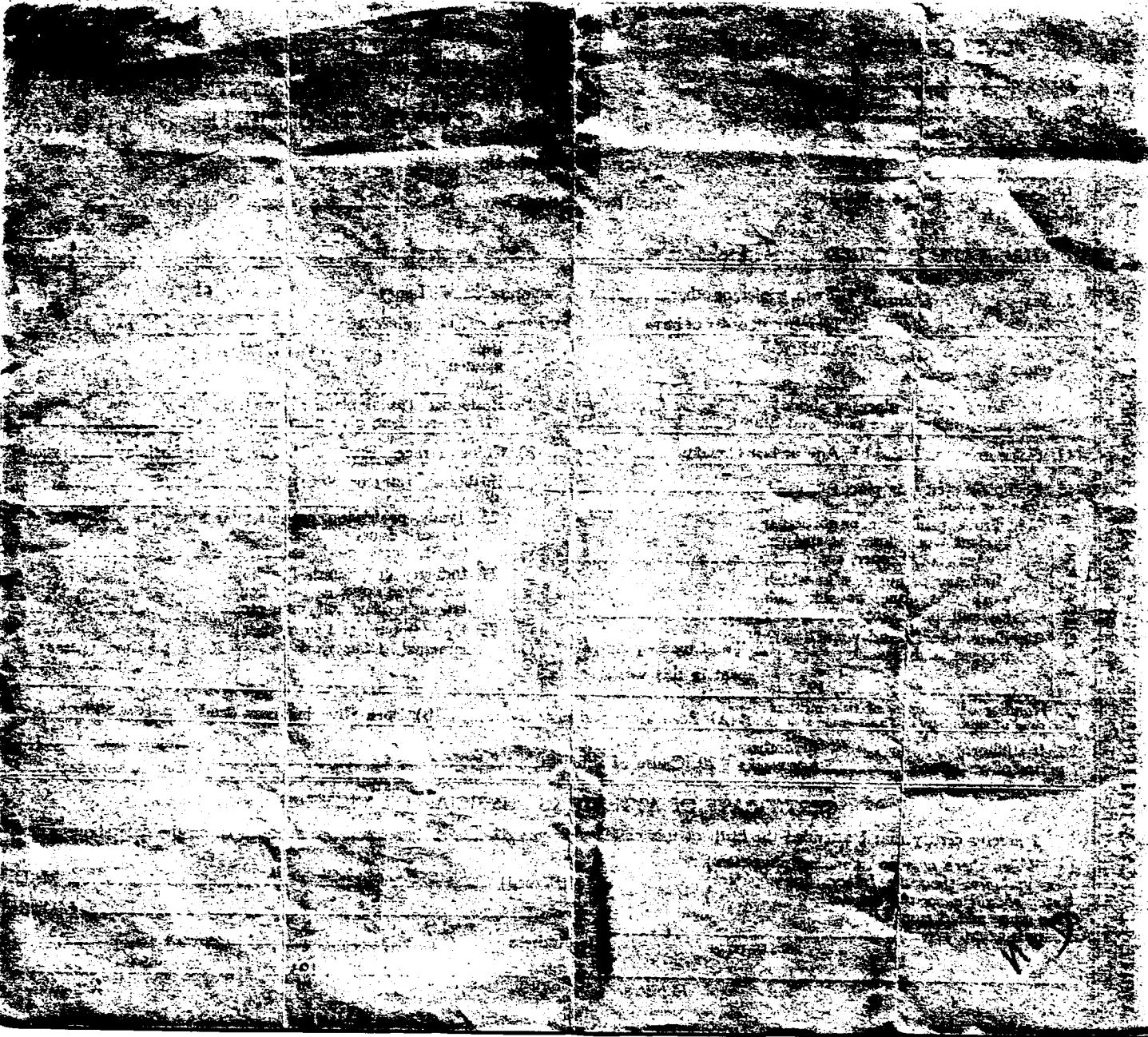
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Russell

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 14</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Ed Russell</u>			10. Residence (usual place of abode) <u>Shabo Falls B&amp;D #5</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>?</u> (years)		
13. Birthplace (city or place) (State or country) _____			14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____			18. Full maiden name MOTHER <u>?</u>		
19. Residence (usual place of abode) <u>Shabo Falls B&amp;D #5</u>			20. Color or race <u>W</u>		
21. Age at last birthday <u>?</u> (years)			22. Birthplace (city or place) (State or country) _____		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Shaf</u>		
25. Date (month and year) last engaged in this work _____			26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>yes</u>					
28. If stillborn, period of gestation <u>3 months</u> or weeks _____					
29. Cause of stillbirth <u>Indefinite</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 A m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) Edith, M. D.  
or \_\_\_\_\_, M.D.  
Address Truher's Shabo  
Filed Aug 31, 1933 Registrar  
Registrar.



RECEIVED SEP 13 1938

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

214643  
S

1. PLACE OF BIRTH  
County of Caldwell  
City of Caldwell  
No. 202 S. 2nd St.  
Memorial Park Hosp.  
(If born in hospital or institution give name.)

Registration District No. 3 State File No. 2  
Prim. Registration District No. 2005 Local Registrar's No. 154

2. FULL NAME OF CHILD Still birth

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Premature	6. Legitimate <u>Yes</u>	7. Date of birth <u>Aug. 29 1933</u> (Month, Day, Year)
5. Number, in order of birth		Full term			

9. Full name of FATHER  
Ralph L. Gayheart  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Caldwell  
11. Color or race W. 12. Age at last birthday 19 (years)  
13. Birthplace (city or place) Garland, Utah  
(State or country)

18. Full maiden name of MOTHER  
Berta H. Earner  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Caldwell  
20. Color or race W. 21. Age at last birthday 17 (years)  
22. Birthplace (city or place) Caldwell, Idaho  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orchardist  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Orchard  
16. Date (month and year) last engaged in this work  
Present, 1933

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work  
Present, 1933

27. What prophylactic was used to prevent Ophthalmia Neonatorum?  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1  
29. If stillborn, Full term } months or weeks } 30. Cause of stillbirth Abruptio Placentae  
Before labor yes  
During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.  
(Born Alive or Stillborn)

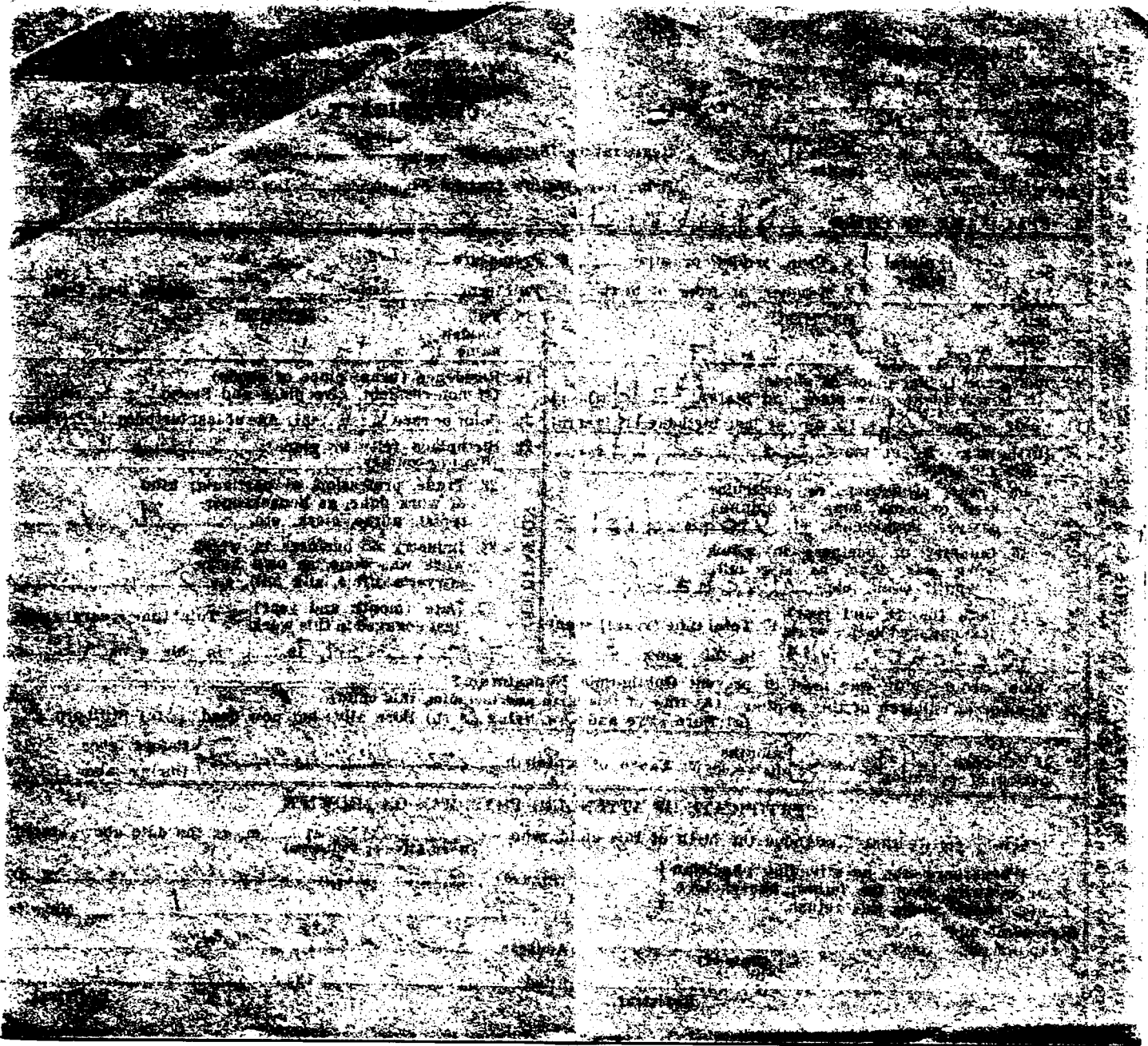
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report

(Signed) C. H. Whittenberger M. D.  
or \_\_\_\_\_, Midwife  
Address Caldwell, Idaho  
Filed 9-2, 1933 John S. Meyer  
Registrar.

(Date of)  
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933

## PLACE OF DEATH

County of Canyon  
City of Caldwell

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

85590

State File No.

Registration District No. 3  
Primary Registration District No. 1002

Local Registrar's No. 72

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gayhart

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29-33

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
or LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell  
(State or country) Idaho

13. NAME R. L. Gayhart

14. BIRTHPLACE (city or town) Paris  
(State or country) Utah

15. MAIDEN NAME Roberta Earner

16. BIRTHPLACE (city or town) Caldwell  
(State or country) Idaho

17. INFORMANT (Address) Ralph L. Gayhart

18. BURIAL, CREMATION, OR REMOVAL Place Canyon Hill  
Date 9-30-33

19. UNDERTAKER (Address) C. W. Jackson  
Caldwell, Ida

20. FILED 9-2, 1933

John L. Meyer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1933, to \_\_\_\_\_, 1933.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1933; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows: \_\_\_\_\_  
Date of entry \_\_\_\_\_

Stillborn  
(Abruptio Placentae)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. W. Whittemberger, M. D.(Address) Caldwell, Ida



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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RECEIVED SEP 11 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214715

1. PLACE OF BIRTH  
County of Franklin  
City of Preston  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 22 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2119 Local Registrar's No. 22

2. FULL NAME OF CHILD Killborn Baby Katoed

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature ☒ Full term \_\_\_\_\_ 7. Legiti- yes 8. Date of birth 8-14-1933 (Month, Day, Year)

9. Full name John Archie Katoed FATHER 18. Full maiden name Mabel Allen Cystall MOTHER

10. Residence (usual place of abode) Preston (If non-resident, give place and State) 19. Residence (usual place of abode) Preston (If non-resident, give place and State)

11. Color or race A 12. Age at last birthday 42 (years) 20. Color or race A 21. Age at last birthday 41 (years)

13. Birthplace (city or place) Preston (State or country) 22. Birthplace (city or place) Preston (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent \_\_\_\_\_ 19. \_\_\_\_\_ in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent \_\_\_\_\_ 19. \_\_\_\_\_ in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living. \_\_\_\_\_ (b) Born alive but now dead 4 (c) Stillborn 1

29. If stillborn, 6 1/2 months or weeks } 30. Cause of stillbirth \_\_\_\_\_ } Before labor. \_\_\_\_\_ }  
period of gestation \_\_\_\_\_ } During labor. \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive & healthy at Preston on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) J. H. Culler, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report. \_\_\_\_\_ Address Preston Idaho

(Date of)

Filed Sept 8, 1933 G. W. States

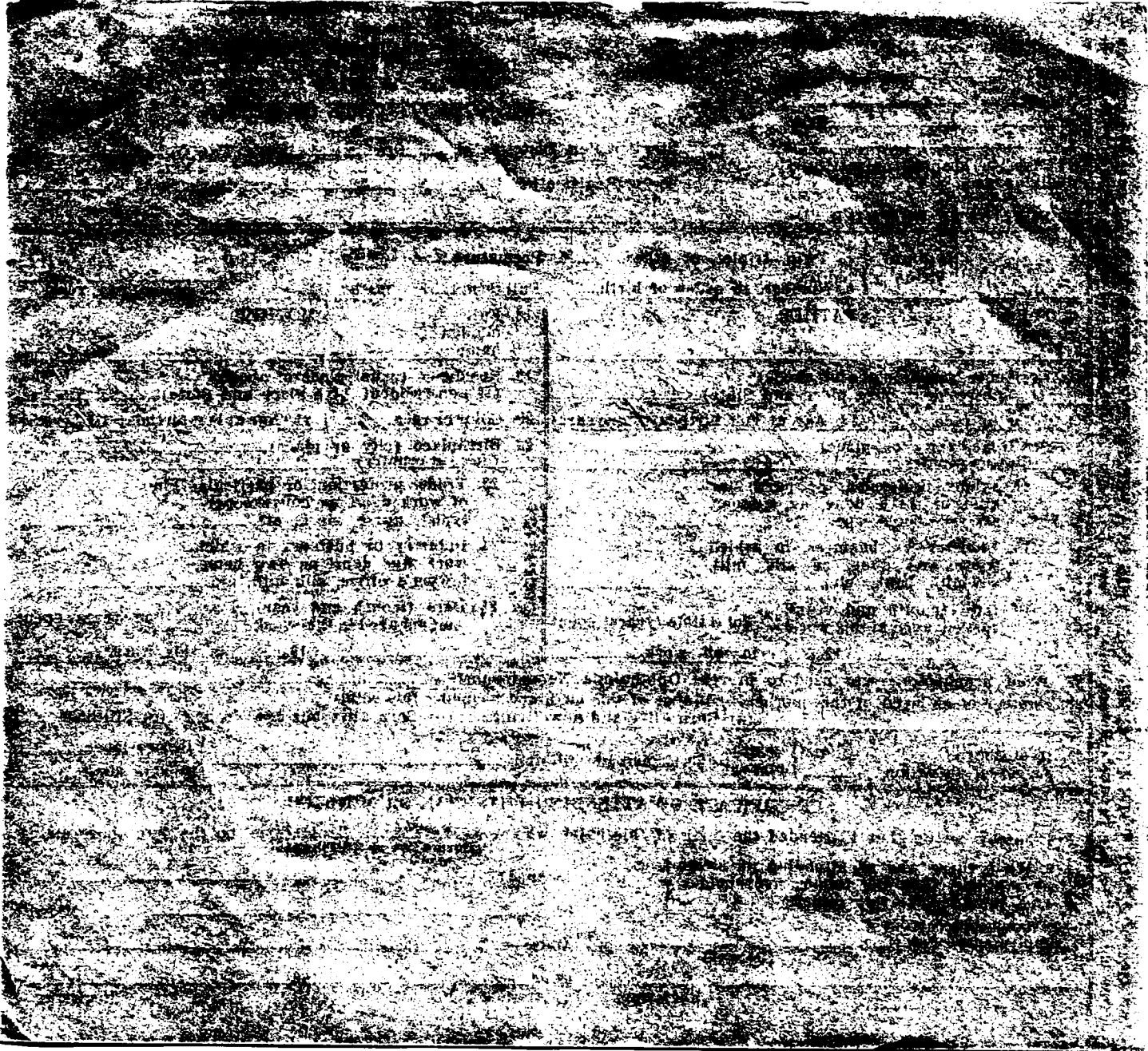
Registrar.

Registrar.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCCUPATION

OCCUPATION



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH SEP 11-1933  
County of Gooding  
City of Gooding  
No. R.F.D. St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 214779

Registration District No. 24 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 224

FULL NAME OF CHILD \_\_\_\_\_

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legiti- macy <u>Yes</u>	Date of birth <u>Aug 9-</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Silver 10%

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn one

FATHER  
FULL NAME Lee F. Higgins  
Residence Gooding  
(Usual place of abode) R.F.D.  
If non-resident, give place and State \_\_\_\_\_  
Color or race white Age at last birthday 38  
(Years)  
Birthplace Idaho  
(City and State or County)  
Occupation Farmer

MOTHER  
FULL MAIDEN NAME Minnie R. Bryan  
Residence Gooding  
(Usual place of abode) R.F.D.  
If non-resident, give place and State \_\_\_\_\_  
Color or race white Age at last birthday 31  
(Years)  
Birthplace Idaho  
(City and State or County)  
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P. M.  
on the date above stated.

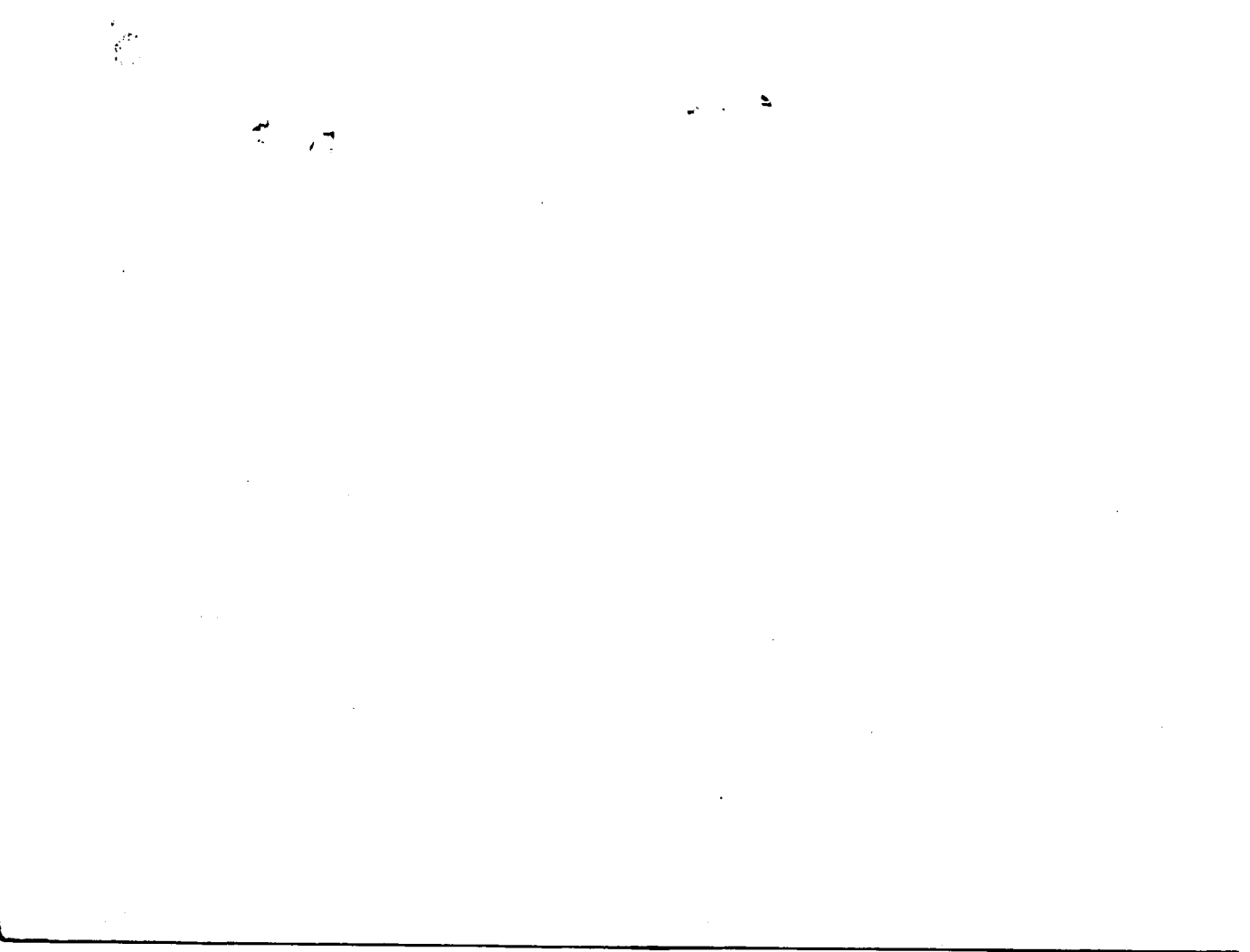
(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida

Filed 8-31-1933 J. H. Cromwell  
Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED SEP 11 1933

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Goshute</u>		CERTIFICATE OF DEATH		State File No. <u>85628</u>	
City of <u>RTD.</u>		Registration District No. <u>24</u>		Local Registrar's No. <u>238</u>	
		(No. <u>206</u> )			
		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Shelburne</u>					
(a) Residence. No. <u>206</u> St. <u>206</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Shelburne</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug 9-33</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min. <u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation <u>Shelburne</u>					
12. BIRTHPLACE (city or town) <u>Goshute</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Lee F Higgins</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Minnie Beggs</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT <u>Lee F Higgins</u> (Address) <u>Goshute</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Goshute</u> Date <u>Aug 10</u> , 193 <u>3</u>					
19. UNDERTAKER <u>A. B. Thompson</u> (Address) <u>Goshute</u> <u>Idaho</u>					
20. FILED <u>8-31</u> , 193 <u>3</u> <u>J. H. Connors</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>8-9</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Shelburne</u> , 193 <u>3</u>					
I last saw him alive on <u>Shelburne</u> , 193 <u>3</u> : death is said to have occurred on the date stated above, at <u>m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Shelburne</u>					
<u>Died in utero</u>					
<u>Cause unknown</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u>none</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>none</u> Date of injury <u>none</u> , 193 <u>3</u>					
Where did injury occur? <u>none</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>none</u>					
Manner of injury <u>none</u>					
Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>none</u>					
If so, specify <u>none</u>					
(Signed) <u>J. H. Connors</u> , M. D.					
(Address) <u>Goshute</u> <u>Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative wealthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 18 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

County of Latah  
City of Moscow

CERTIFICATE OF BIRTH 214893

No. \_\_\_\_\_ St. \_\_\_\_\_ Registration District No. 61 State File No. \_\_\_\_\_  
Hospital Community Hospital Primary Registration District No. 1011 Local Registrar's No. 70

FULL NAME OF CHILD Premature, Fred, Premature birth  
(Certificate of no value without full name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other? <u>and</u> { Number in order of birth _____ } Legitimate? _____	Date of birth <u>July 11</u> 192 <u>3</u> (Month) (Day) (Year)
--------------------------	--	---

What bactericidal solution was used in eyes? not needed

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER  
FULL NAME Arthur Lee Smith  
RESIDENCE 7 miles East of Moscow  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Rainsboro Ohio  
OCCUPATION Farmer

MOTHER  
FULL MAIDEN NAME Viola Evangeline Otter  
RESIDENCE 7 miles East of Moscow  
COLOR White AGE AT LAST BIRTHDAY 32 (Years)  
BIRTHPLACE Clark S. Dakota  
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6-40 P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Give names added from a supplemental report.

(Signature) Dr. F. M. Leitch

(Physician or midwife)

Address Moscow Idaho

Filed 8/12/33 1923 Rainsboro  
Registrar.



107.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 18 1933  
1. PLACE OF BIRTH 785-1270  
County of Salah 29-345  
City of Mission  
No. 8945 Nash St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 214902

Registration District No. 61 State File No. \_\_\_\_\_  
(If born in hospital or institution give name.)  
Prim. Registration District No. 1011 Local Registrar's No. 87

2. FULL NAME OF CHILD Phelps

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? ✓ 8. Date of birth July 27 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER James Allen Phelps 18. Full maiden name MOTHER Marile Ethel Cunningham  
10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 19. Residence (usual place of abode) (If non-resident, give place and state) \_\_\_\_\_

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Salah Washington 22. Birthplace (city or place) (State or country) Salah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work July 27, 1933 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work July 27, 1933 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 2

28. If stillborn, period of gestation 56 { months or weeks } 29. Cause of stillbirth Attempted abortion Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:15 p.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) Joseph E. Wilson M. D.  
or \_\_\_\_\_, Midwife  
Address Mission, Idaho  
Filed 8/13/33, 1933 Joseph E. Wilson Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very long letter, and it contains a great deal of information about the state of the country at that time.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the Treasury at that time.

3. The third part of the document is a report from the Secretary of the Interior, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the Interior at that time.

4. The fourth part of the document is a report from the Secretary of the War, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the War at that time.

5. The fifth part of the document is a report from the Secretary of the Navy, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the Navy at that time.

6. The sixth part of the document is a report from the Secretary of the State, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the State at that time.

7. The seventh part of the document is a report from the Secretary of the War, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the War at that time.

8. The eighth part of the document is a report from the Secretary of the Navy, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the Navy at that time.

9. The ninth part of the document is a report from the Secretary of the State, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the State at that time.

10. The tenth part of the document is a report from the Secretary of the War, dated January 1, 1863. It is a very long report, and it contains a great deal of information about the state of the War at that time.

1. NAME  
 2. DATE  
 3. TIME  
 4. PLACE  
 5. REMARKS  
 6. INITIALS  
 7. SIGNATURE  
 8. DATE  
 9. TIME  
 10. PLACE  
 11. REMARKS  
 12. INITIALS  
 13. SIGNATURE  
 14. DATE  
 15. TIME  
 16. PLACE  
 17. REMARKS  
 18. INITIALS  
 19. SIGNATURE  
 20. DATE  
 21. TIME  
 22. PLACE  
 23. REMARKS  
 24. INITIALS  
 25. SIGNATURE  
 26. DATE  
 27. TIME  
 28. PLACE  
 29. REMARKS  
 30. INITIALS  
 31. SIGNATURE  
 32. DATE  
 33. TIME  
 34. PLACE  
 35. REMARKS  
 36. INITIALS  
 37. SIGNATURE  
 38. DATE  
 39. TIME  
 40. PLACE  
 41. REMARKS  
 42. INITIALS  
 43. SIGNATURE  
 44. DATE  
 45. TIME  
 46. PLACE  
 47. REMARKS  
 48. INITIALS  
 49. SIGNATURE  
 50. DATE  
 51. TIME  
 52. PLACE  
 53. REMARKS  
 54. INITIALS  
 55. SIGNATURE  
 56. DATE  
 57. TIME  
 58. PLACE  
 59. REMARKS  
 60. INITIALS  
 61. SIGNATURE  
 62. DATE  
 63. TIME  
 64. PLACE  
 65. REMARKS  
 66. INITIALS  
 67. SIGNATURE  
 68. DATE  
 69. TIME  
 70. PLACE  
 71. REMARKS  
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 81. TIME  
 82. PLACE  
 83. REMARKS  
 84. INITIALS  
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 86. DATE  
 87. TIME  
 88. PLACE  
 89. REMARKS  
 90. INITIALS  
 91. SIGNATURE  
 92. DATE  
 93. TIME  
 94. PLACE  
 95. REMARKS  
 96. INITIALS  
 97. SIGNATURE  
 98. DATE  
 99. TIME  
 100. PLACE  
 101. REMARKS  
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 104. DATE  
 105. TIME  
 106. PLACE  
 107. REMARKS  
 108. INITIALS  
 109. SIGNATURE  
 110. DATE  
 111. TIME  
 112. PLACE  
 113. REMARKS  
 114. INITIALS  
 115. SIGNATURE  
 116. DATE  
 117. TIME  
 118. PLACE  
 119. REMARKS  
 120. INITIALS  
 121. SIGNATURE  
 122. DATE  
 123. TIME  
 124. PLACE  
 125. REMARKS  
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 127. SIGNATURE  
 128. DATE  
 129. TIME  
 130. PLACE  
 131. REMARKS  
 132. INITIALS  
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 134. DATE  
 135. TIME  
 136. PLACE  
 137. REMARKS  
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 141. TIME  
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 143. REMARKS  
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 146. DATE  
 147. TIME  
 148. PLACE  
 149. REMARKS  
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 152. DATE  
 153. TIME  
 154. PLACE  
 155. REMARKS  
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 157. SIGNATURE  
 158. DATE  
 159. TIME  
 160. PLACE  
 161. REMARKS  
 162. INITIALS  
 163. SIGNATURE  
 164. DATE  
 165. TIME  
 166. PLACE  
 167. REMARKS  
 168. INITIALS  
 169. SIGNATURE  
 170. DATE  
 171. TIME  
 172. PLACE  
 173. REMARKS  
 174. INITIALS  
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 176. DATE  
 177. TIME  
 178. PLACE  
 179. REMARKS  
 180. INITIALS  
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 182. DATE  
 183. TIME  
 184. PLACE  
 185. REMARKS  
 186. INITIALS  
 187. SIGNATURE  
 188. DATE  
 189. TIME  
 190. PLACE  
 191. REMARKS  
 192. INITIALS  
 193. SIGNATURE  
 194. DATE  
 195. TIME  
 196. PLACE  
 197. REMARKS  
 198. INITIALS  
 199. SIGNATURE  
 200. DATE  
 201. TIME  
 202. PLACE  
 203. REMARKS  
 204. INITIALS  
 205. SIGNATURE  
 206. DATE  
 207. TIME  
 208. PLACE  
 209. REMARKS  
 210. INITIALS  
 211. SIGNATURE  
 212. DATE  
 213. TIME  
 214. PLACE  
 215. REMARKS  
 216. INITIALS  
 217. SIGNATURE  
 218. DATE  
 219. TIME  
 220. PLACE  
 221. REMARKS  
 222. INITIALS  
 223. SIGNATURE  
 224. DATE  
 225. TIME  
 226. PLACE  
 227. REMARKS  
 228. INITIALS  
 229. SIGNATURE  
 230. DATE  
 231. TIME  
 232. PLACE  
 233. REMARKS  
 234. INITIALS  
 235. SIGNATURE  
 236. DATE  
 237. TIME  
 238. PLACE  
 239. REMARKS  
 240. INITIALS  
 241. SIGNATURE  
 242. DATE  
 243. TIME  
 244. PLACE  
 245. REMARKS  
 246. INITIALS  
 247. SIGNATURE  
 248. DATE  
 249. TIME  
 250. PLACE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of Blaine SEP 11 1933City of PortlandNo. 238 125 034 1389 St.(If born in hospital or institution  
give name.)FULL NAME OF CHILD Harry Thomas Schaffer  
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>July 25</u> 19 <u>33</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead \_\_\_\_\_ Stillborn \_\_\_\_\_

FATHER FULL NAME <u>Harry Schaffer</u>	MOTHER FULL MAIDEN NAME <u>Gertrude Childs</u>
---	---

Residence (Usual place of abode) <u>Idaho</u>	Residence (Usual place of abode) <u>Idaho</u>
---	---

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>wh</u> Age at last Birthday <u>21</u> (Years)	Color or race <u>wh</u> Age at last Birthday <u>19</u> (Years)
--	--

Birthplace <u>Colorado</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
--	---

Occupation _____	Occupation <u>Business</u>
------------------	----------------------------

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

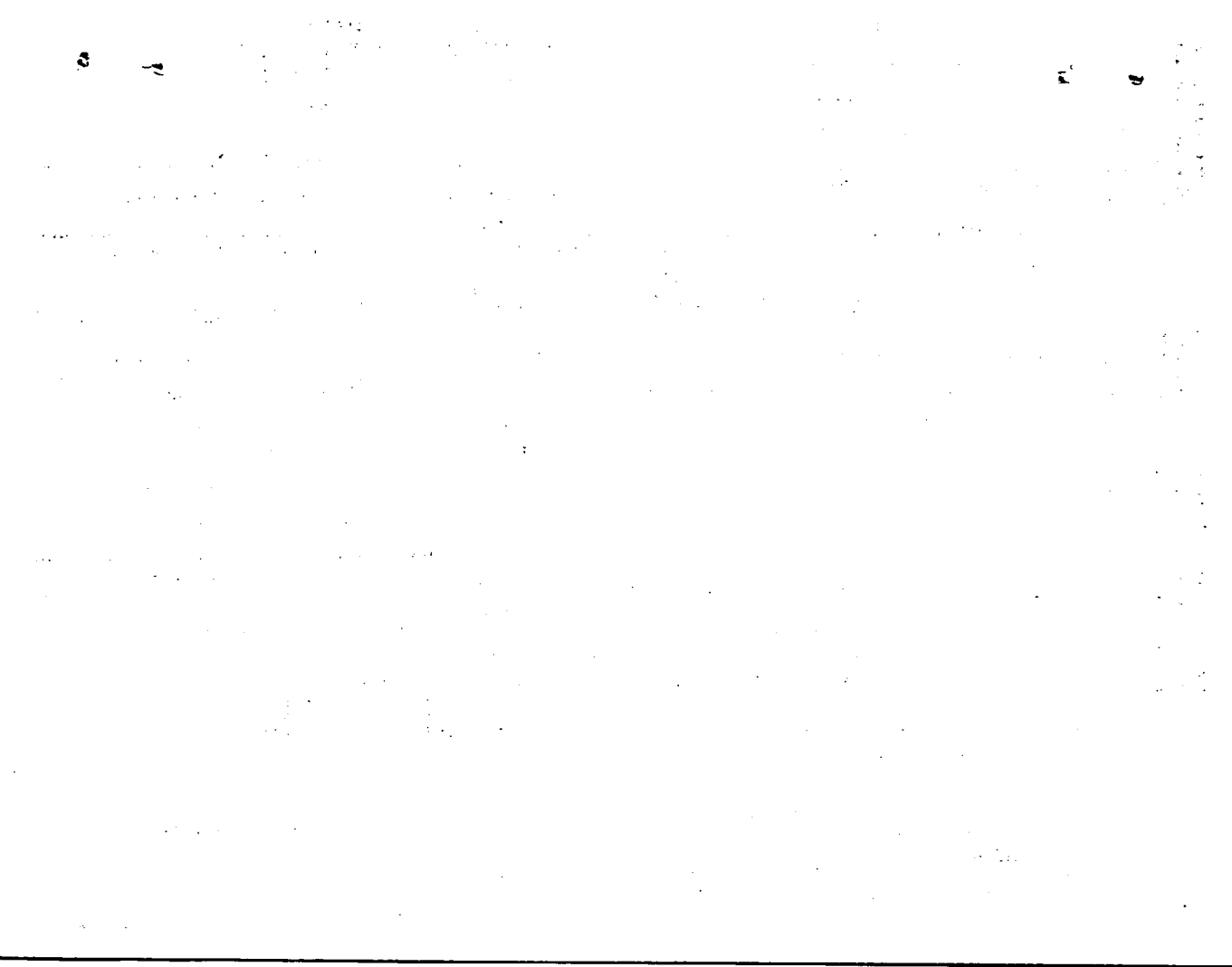
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at \_\_\_\_\_ M.  
on the date above stated. (Signature) O. E. Kautz

(Physician or midwife)

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Address \_\_\_\_\_

Filed Sept 2 1933 E. E. Hume  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 11 1933

## PLACE OF DEATH

County of MinidokaCity of Reupert

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 19Primary Registration District No. 2015

DO NOT WRITE IN THIS SPACE

State File No. 88313Local Registrar's No. 24

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Harry Thomas Schaefer

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 24, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reupert  
(State or country) Idaho13. NAME Harry Schaefer14. BIRTHPLACE (city or town) Colorado  
(State or country)15. MAIDEN NAME Anita Childs16. BIRTHPLACE (city or town) Shelly  
(State or country) Idaho17. INFORMANT Harry Schaefer  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Shelly Date \_\_\_\_\_, 193319. UNDERTAKER W. A. Goodman  
(Address)20. FILED Aug 4, 1933 E. H. Emme  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

June 24, 1933, to June 24, 1933I last saw him alive on June 24, 1933; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance

were as follows: Stillborn Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) E. H. Emme, M. D.(Address) Reupert, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 11 1933

S

STATE OF MINN.  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

214961

1. PLACE OF BIRTH  
County of Minnidoka  
City of Rupert  
No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. 19 State File No. \_\_\_\_\_  
Prim. Registration District No. 2015 Local Registrar's No. 105

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillbirth - Hausinger

3. Sex male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth, 1. 6. Premature yes 7. Legit- yes 8. Date of birth July 6, 1933  
(Month, Day, Year)

9. Full name FATHER Leslie J. Hausinger  
10. Residence (usual place of abode) (If non-resident, give place and State) Minnidoka  
11. Color or race W 12. Age at last birthday 24 (years)  
13. Birthplace (city or place) (State or country) Kansas

18. Full maiden name MOTHER Pearl Adel Wagner  
19. Residence (usual place of abode) (If non-resident, give place and State) Minnidoka  
20. Color or race W 21. Age at last birthday 23 (years)  
22. Birthplace (city or place) (State or country) American Falls, Ida.

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living, 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 2  
29. If stillborn, { months { 30. Cause of stillbirth { Before labor. \_\_\_\_\_  
period of gestation { or weeks { During labor. \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. H. Elmore, M. D.

or \_\_\_\_\_, Midwife

Address Rupert

Filed 7-7, 1933 E. H. Elmore

Registrar.

Registrar.

Give name added from a supplemental report. \_\_\_\_\_  
(Date of) \_\_\_\_\_





RECEIVED SEP 11 1923

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 214962

1. PLACE OF BIRTH  
County of Mundaka  
City of Rupert  
No. \_\_\_\_\_ St. \_\_\_\_\_Registration District No. 19 State File No. \_\_\_\_\_Prim. Registration District No. 2015 Local Registrar's No. 1062. FULL NAME OF CHILD Stillman - Housinger3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimacy legitimate 8. Date of birth 7-6-1923 (Month, Day, Year)9. Full name FATHER Bessie J. Housinger  
10. Residence (usual place of abode) Missioka  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 34 (years)  
13. Birthplace (city or place) Kansas  
(State or country)18. Full maiden name MOTHER Pearl Adel Wagner  
19. Residence (usual place of abode) Missioka  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 29 (years)  
22. Birthplace (city or place) Ann Arbor, Mich.  
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Calmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_, 19 \_\_\_\_\_

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_, 19 \_\_\_\_\_27. What prophylactic was used to prevent Ophthalmia Neonatorum? None  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn 3  
29. If stillborn, period of gestation \_\_\_\_\_ months or weeks \_\_\_\_\_ 30. Cause of stillbirth \_\_\_\_\_  
{ Before labor \_\_\_\_\_  
{ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillman at 11:45 m. on the date above stated.  
(Born alive or stillborn)(Signed) W. D. Housinger M. D.

or \_\_\_\_\_, Midwife

Address Rupert, IdaFiled 7-7-23, 1923 W. D. Housinger

Registrar.

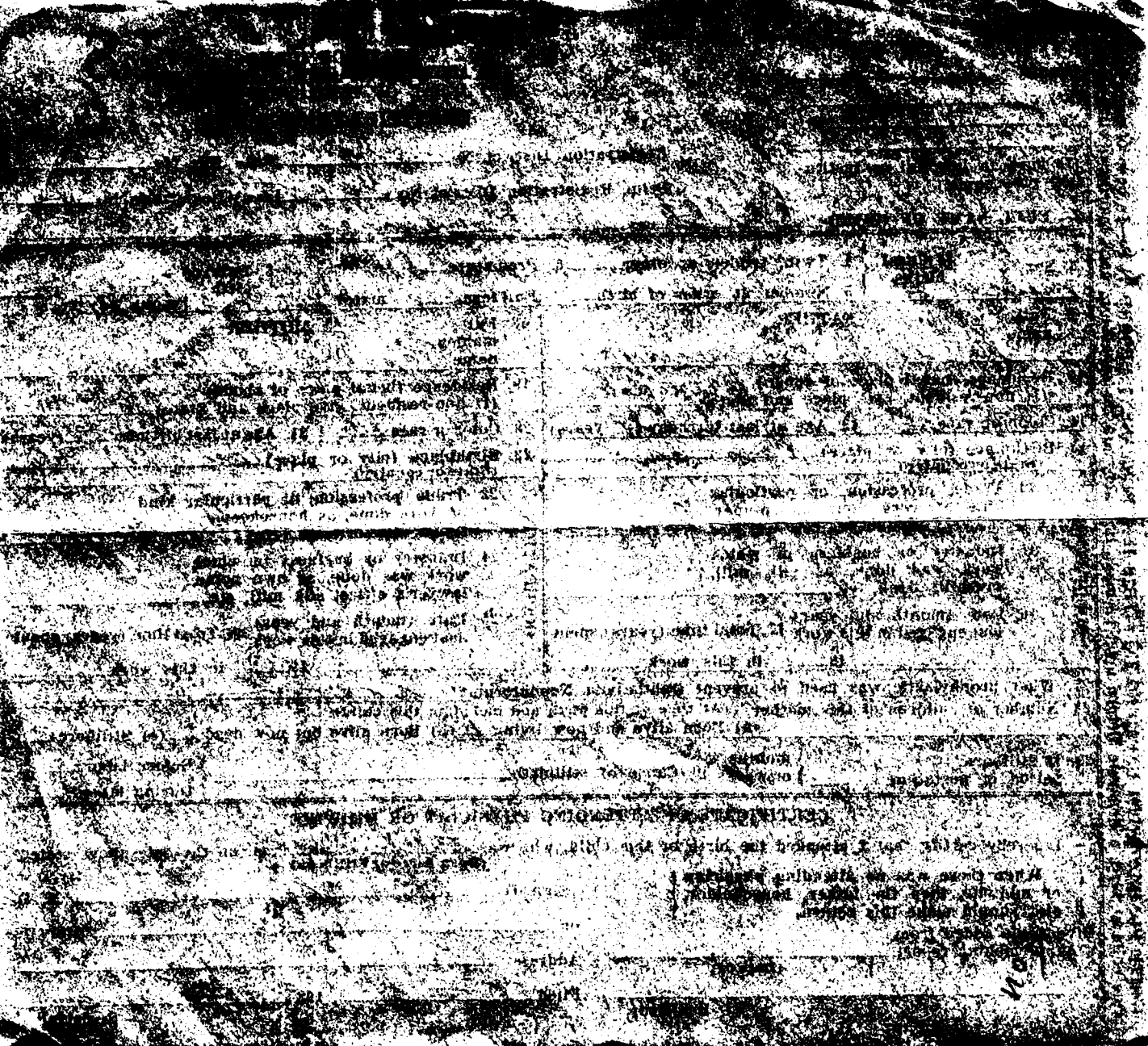
Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

REGISTERED BIRTH 29 1933

County of Cwyhee  
City of Homedale  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 215001

CERTIFICATE OF BIRTH

S.

Registration District No. 107 State File No. ....  
(If born in hospital or institution give name.) Prim. Registration District No. 2180 Local Registrar's No. 27

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>8-25</u> , 19 <u>33</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 3 (a) Born alive and now living 1  
Born alive but now dead 1 Stillborn 1

FATHER  
FULL NAME Frederick A. Arnold  
Residence (Usual place of abode) Homedale, Ida  
If non-resident, give place and State  
Color or race White Age at last birthday 49 (Years)  
Birthplace Idaho (City and State or County)  
Occupation Garbining

MOTHER  
FULL MAIDEN NAME Norene Prosser  
Residence (Usual place of abode) Homedale, Idaho  
If non-resident, give place and State  
Color or race White Age at last birthday 30 (Years)  
Birthplace Middletown, Idaho (City and State or County)  
Occupation Housewife

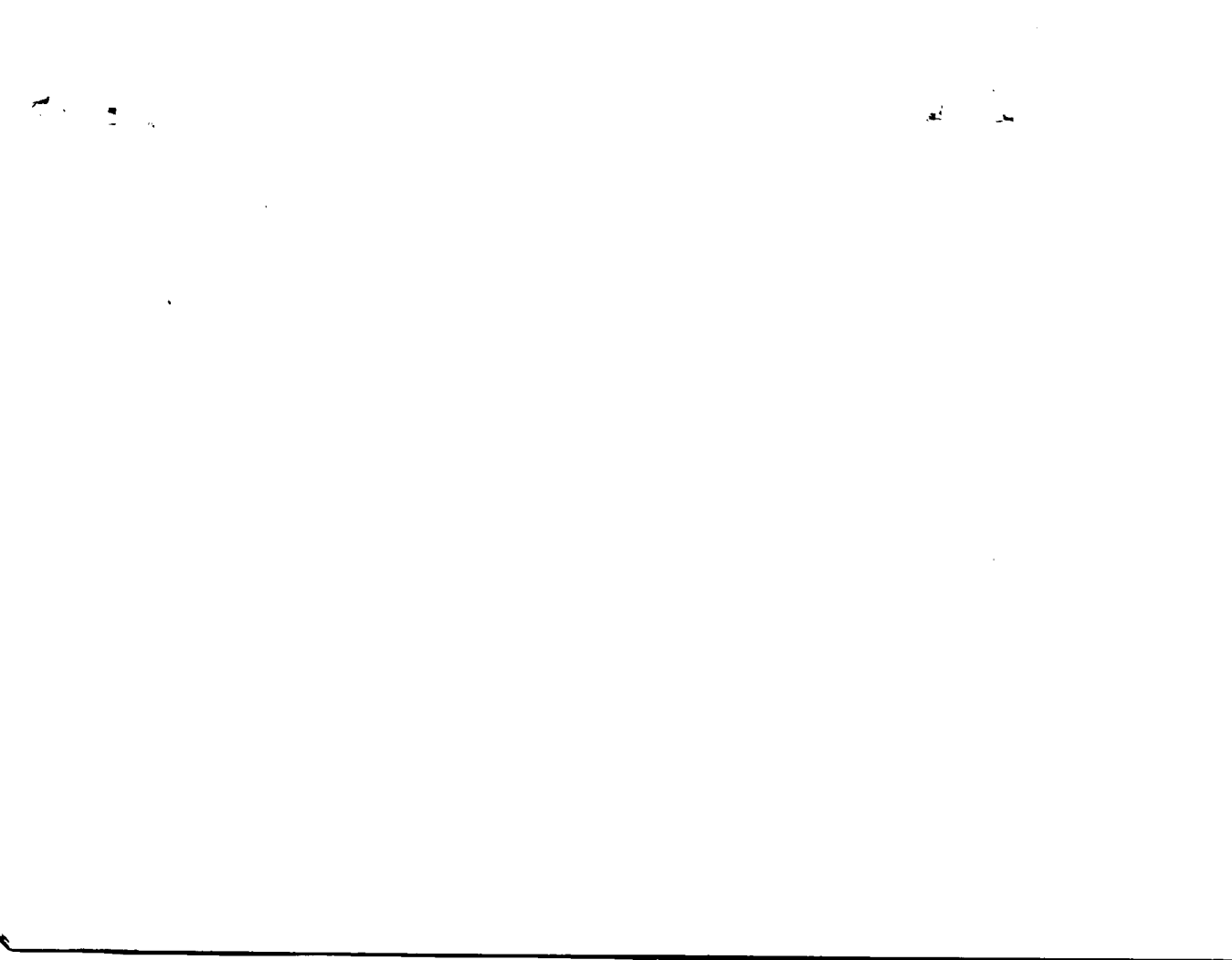
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1/40 A. M.  
on the date above stated.

(Signature) F. A. Marsh  
Physician  
(Physician or midwife)

\*Where there was no attending physician or mid-  
wife, then the father, householder, etc., should  
make this return. A stillborn child is one that  
neither breathes nor shows other evidence of life  
after birth.

Address Homedale, Ida  
Filed 8-26 1933 F. A. Marsh  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 29 1933

PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

85737

County of *Quincy*

City of *Hamdale*

Registration District No. *107*

Primary Registration District No. *2/85*

State File No. ....

Local Registrar's No. *6*

(No. ....  
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME *Stiebert*

(a) Residence. No. .... St. ....  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) *8-25-1933*

7. AGE Years Months Days If LESS than 1 day, .... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Frederick A. Arnold*

14. BIRTHPLACE (city or town) (State or country) *Elney, Ill.*

15. MAIDEN NAME *Marion Trotter*

16. BIRTHPLACE (city or town) (State or country) *Middleton, Idaho*

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *at home* Date *8-25*, 1933

19. UNDERTAKER (Address)

20. FILED *8-26*, 1933 *F. A. Marsh* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *8-25-1933*

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933, to ..... 1933.

I last saw h. .... alive on ..... 1933; death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

*Arrested development*

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 1933.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) *F. A. Marsh* M.D.

(Address) *Hamdale, Idaho*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. **RECEIVED SEP 6 1933**  
PLACE OF BIRTH

County of Twin Falls  
City of Kimberly  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH** **S** **215055**

Registration District No. 37 State File No. \_\_\_\_\_  
Prim. Registration District No. 2085 Local Registrar's No. 265

2. **FULL NAME OF CHILD** Not Named

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>/</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 18</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Ben Razo</u>	FATHER	18. Full maiden name <u>Beatrice Gangales</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kimberly, Ida</u>	

11. Color or race <u>Mex</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>Mex</u>	21. Age at last birthday <u>18</u> (years)
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13. Birthplace (city or place) <u>Mexico</u> (State or country)	22. Birthplace (city or place) <u>Mexico</u> (State or country)
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.v.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, <u>6</u> months period of gestation <u>no weeks</u>	29. Cause of stillbirth <u>Injury by fall</u>	Before labor <u>1 day</u> During labor _____
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE** **P**

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30m. on the date above stated.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

(Signed) Joseph M. Davis, M. D.

or \_\_\_\_\_, Midwife

Address Kimberly, Idaho

Filed Aug 14, 1933 Geo. P. Halley

Registrar.

Registrar.





no 3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED SEP 13 1933

1. PLACE OF BIRTH  
County of Washington  
City of Weiser Idaho  
No. St  
Weiser Hospital  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215092

Registration District No. 86 State File No. 18  
Prim. Registration District No. 2112 Local Registrar's No. 18

2. FULL NAME OF CHILD Stillborn

3. Sex Male If plural births } 4. Twin, triplet, or other Full term 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Aug. 14, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER  
Clarence Scott Nesbitt

10. Residence (usual place of abode) Weiser Idaho  
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Falk Idaho  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Aug. 14, 1933 17. Total time (years) spent in this work 20

18. Full maiden name MOTHER  
Leta M. Leachman

19. Residence (usual place of abode) Weiser Idaho  
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 37 (years)

22. Birthplace (city or place) Prescott Iowa  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work July 1, 1933 26. Total time (years) spent in this work 6

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 8 months or weeks } 29. Cause of stillbirth Pre-eclamptic Toxemia } Before labor X } During labor       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:00 A.M. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(When there was no attending physician } or midwife, then the father, householder, }  
etc., should make this return.)  
(Signed) Hyden Branch M. D.  
or        Midwife

Give name added from a supplemental report Weiser Idaho  
(DATE OF) Sept 2, 1933  
Registrar. W. R. Hamilton Registrar.

<p>1. Name of child</p> <p>2. Date of birth</p> <p>3. Sex</p> <p>4. Race</p> <p>5. Religion</p> <p>6. Address</p> <p>7. City</p> <p>8. State</p> <p>9. Zip</p>		<p>10. Date of admission</p> <p>11. Date of discharge</p> <p>12. Date of death</p> <p>13. Date of burial</p> <p>14. Date of cremation</p> <p>15. Date of interment</p> <p>16. Date of inhumation</p> <p>17. Date of entombment</p> <p>18. Date of exhumation</p> <p>19. Date of reinterment</p> <p>20. Date of reburial</p> <p>21. Date of reinterment</p> <p>22. Date of reburial</p> <p>23. Date of reinterment</p> <p>24. Date of reburial</p> <p>25. Date of reinterment</p> <p>26. Date of reburial</p> <p>27. Date of reinterment</p> <p>28. Date of reburial</p> <p>29. Date of reinterment</p> <p>30. Date of reburial</p> <p>31. Date of reinterment</p> <p>32. Date of reburial</p> <p>33. Date of reinterment</p> <p>34. Date of reburial</p> <p>35. Date of reinterment</p> <p>36. Date of reburial</p> <p>37. Date of reinterment</p> <p>38. Date of reburial</p> <p>39. Date of reinterment</p> <p>40. Date of reburial</p> <p>41. Date of reinterment</p> <p>42. Date of reburial</p> <p>43. Date of reinterment</p> <p>44. Date of reburial</p> <p>45. Date of reinterment</p> <p>46. Date of reburial</p> <p>47. Date of reinterment</p> <p>48. Date of reburial</p> <p>49. Date of reinterment</p> <p>50. Date of reburial</p> <p>51. Date of reinterment</p> <p>52. Date of reburial</p> <p>53. Date of reinterment</p> <p>54. Date of reburial</p> <p>55. Date of reinterment</p> <p>56. Date of reburial</p> <p>57. Date of reinterment</p> <p>58. Date of reburial</p> <p>59. Date of reinterment</p> <p>60. Date of reburial</p> <p>61. Date of reinterment</p> <p>62. Date of reburial</p> <p>63. Date of reinterment</p> <p>64. Date of reburial</p> <p>65. Date of reinterment</p> <p>66. Date of reburial</p> <p>67. Date of reinterment</p> <p>68. Date of reburial</p> <p>69. Date of reinterment</p> <p>70. Date of reburial</p> <p>71. Date of reinterment</p> <p>72. Date of reburial</p> <p>73. Date of reinterment</p> <p>74. Date of reburial</p> <p>75. Date of reinterment</p> <p>76. Date of reburial</p> <p>77. Date of reinterment</p> <p>78. Date of reburial</p> <p>79. Date of reinterment</p> <p>80. Date of reburial</p> <p>81. Date of reinterment</p> <p>82. Date of reburial</p> <p>83. Date of reinterment</p> <p>84. Date of reburial</p> <p>85. Date of reinterment</p> <p>86. Date of reburial</p> <p>87. Date of reinterment</p> <p>88. Date of reburial</p> <p>89. Date of reinterment</p> <p>90. Date of reburial</p> <p>91. Date of reinterment</p> <p>92. Date of reburial</p> <p>93. Date of reinterment</p> <p>94. Date of reburial</p> <p>95. Date of reinterment</p> <p>96. Date of reburial</p> <p>97. Date of reinterment</p> <p>98. Date of reburial</p> <p>99. Date of reinterment</p> <p>100. Date of reburial</p>	
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 13 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 85775	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS			
COUNTY OF Washington		CERTIFICATE OF DEATH			
CITY OF Weiser		Registration District No. 26		Local Registrar's No. 12	
Primary Registration District No. 1010					
(No. ....)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Baby Nesbitt					
(a) Residence. No. .... St. ....					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX M	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) single	21. DATE OF DEATH (month, day, and year) Aug 14 - 1933		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to Aug 14, 1933		
6. DATE OF BIRTH (month, day, and year) Aug 14 - 1933			I last saw him alive on 1933 - death is said to have occurred on the date stated above, at m.		
7. AGE 0 Years	Months 0	Days 0	The principal cause of death and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stillborn			Date of onset: Aug 13, 1933		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Other contributory causes of importance: Premature - 8 mo. Gest. One Eclampsic Mother		
10. Date deceased last worked at this occupation (month and year)			Name of operation: Breast Deliv. Date of Aug 14, 1933		
11. Total time (years) spent in this occupation			What test confirmed diagnosis? Was there an autopsy? No		
12. BIRTHPLACE (city or town) (State or country) Idaho			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1933		
13. NAME C. S. Nesbitt			Where did injury occur? (Specify city or town, county, and State)		
14. BIRTHPLACE (city or town) (State or country) Idaho			Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME Leta M Nesbitt			Manner of injury		
16. BIRTHPLACE (city or town) (State or country) Iowa			Nature of injury		
17. INFORMANT C. S. Nesbitt (Address) Weiser Idaho			24. Was disease or injury in any way related to occupation of deceased? No		
18. BURIAL, CREMATION, OR REMOVAL Place Weiser Idaho Day, 1933			If so, specify		
19. UNDERTAKER R. C. Northrup (Address) Weiser Idaho			(Signed) Dr. H. H. Hander, M. D.		
20. FILED Sept 12, 1933			(Address) Weiser Idaho		
R. R. Hamiltons Registrar					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada  
City of Boise  
No.                      St.                     

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 215132 ✓

St. Lukes Hospital Registration District No. 2 State File No.                       
(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 424

FULL NAME OF CHILD 5½ Month foetus  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>7</u>	Twin Triplet or other? <u>                    </u> (To be answered only in event of plural births)	and <u>                    </u>	Number in order of birth <u>                    </u>	Legitimate? <u>                    </u>	Date of birth <u>Aug. 20,</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?                     

Number of child of this mother, including present birth 7 (a) Born alive and now living 4  
Born alive but now dead 3 Stillborn 0

FATHER	MOTHER
FULL NAME <u>Benjamin T. Newell</u>	FULL MAIDEN NAME <u>Hazel Ann Brown</u>
Residence (Usual place of abode) <u>Horseshoe Bend, Ida</u>	Residence (Usual place of abode) <u>Horseshoe Bend</u>
If non-resident, give place and State <u>                    </u>	If non-resident, give place and State <u>                    </u>
Color or race <u>W.</u> Age at last birthday <u>65</u>	Color or race <u>W.</u> Age at last birthday <u>35</u>
Birthplace <u>Missouri</u> (City and State or County)	Birthplace <u>Virginia</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Hw.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

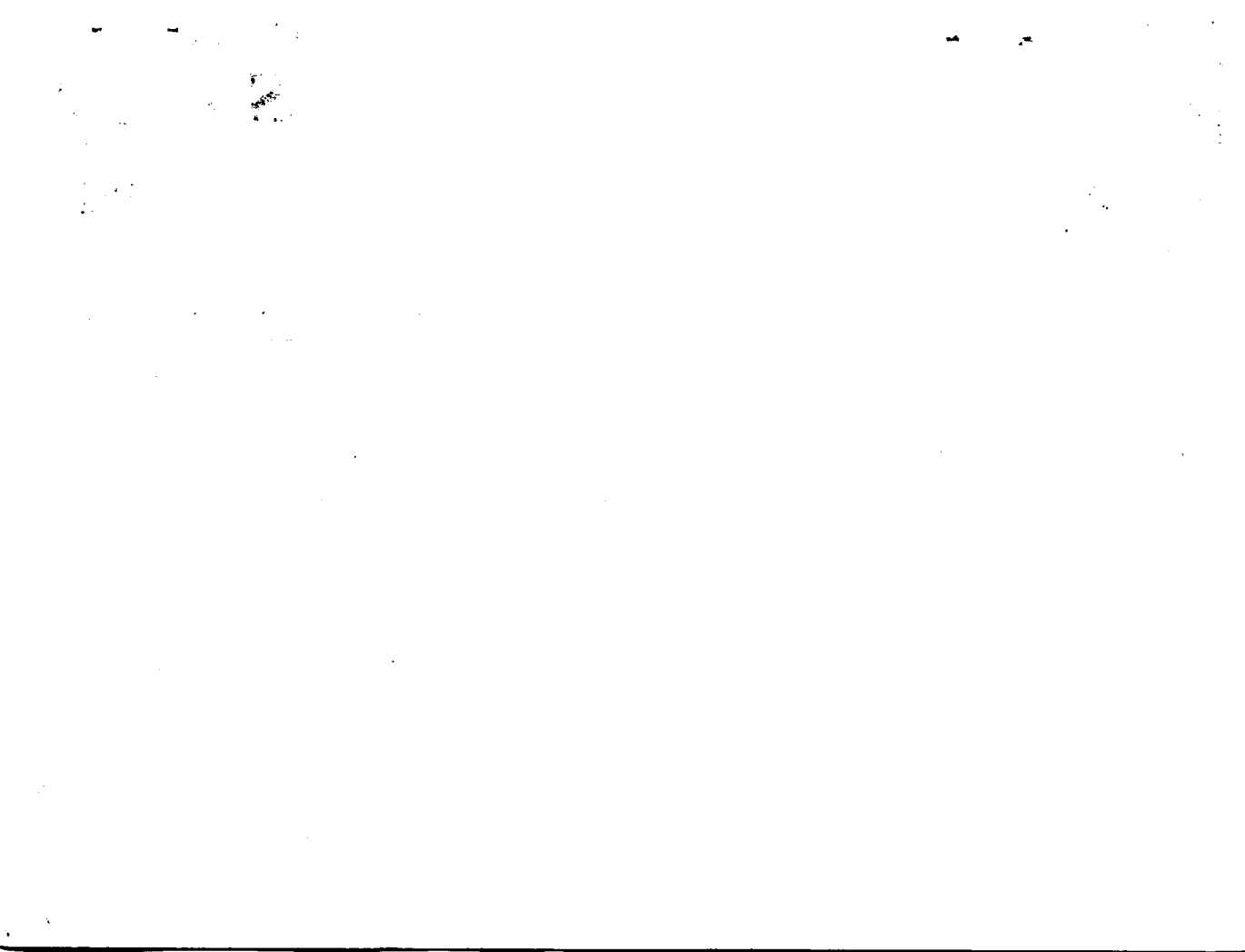
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11 P.                      M. on the date above stated.

(Signature)                     

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Boise, Ida  
Filed 9-1 1933 W. H. Rhodes  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

<b>RECEIVED</b> SEP 1 1933 <b>PLACE OF DEATH</b> County of <u>Ada.</u> City of <u>Boise.</u>		1022 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		DO NOT WRITE IN THIS SPACE State File No. <u>85492</u>	
Registration District No. .... Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>217</u>			
(No. <u>St. Lukes Hospital.</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Infant Newell</u>					
(a) Residence. No. <u>Horseshoe Bend, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. <u>3</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 20. 1933</u>					
7. AGE Years Months Days <u>Still Born.</u>		If LESS than 1 day, hrs. or min.			
<b>OCCUPATION</b>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
<b>MOTHER FATHER</b>					
13. NAME <u>Ben Newell</u>					
14. BIRTHPLACE (city or town) <u>Missouri.</u> (State or country)					
15. MAIDEN NAME <u>Hazel Brown.</u>					
16. BIRTHPLACE (city or town) <u>Kansas.</u> (State or country)					
17. INFORMANT <u>Ben Newell</u> (Address) <u>Horseshoe Bend</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Horseshoe Bend</u> Date <u>Aug. 22. 1933</u>					
19. UNDERTAKER <u>Summers &amp; Krebs</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>8-22</u> , 193 <u>3</u> <u>W. N. Rhodes</u> Registrar.					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day, and year) <u>Aug. 20 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 20. 1933</u> to <u>Aug. 20. 1933</u> I last saw him <u>on Aug. 20. 1933</u> : death is said to have occurred on the date stated above, at <u>5:12</u> m. The principal cause of death and related causes of importance were as follows: <u>5 1/2 months foetus</u> Other contributory causes of importance: <u>albuminuria of mother</u>					
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193 <u>3</u> Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury..... Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>Stuart Boyd</u> M. D. (Address) <u>Boise, Idaho</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

**Other CONTRIBUTORY CAUSES of importance:**

*Gallstones* *May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

**Other CONTRIBUTORY CAUSES of importance:**

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED JUN 13 1933

215154

PLACE OF BIRTH 493-112  
County of Boise 201-55  
City of Boise  
No. H. Hubes St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
S  
CERTIFICATE OF BIRTH

Registration District No. 2 State Idaho  
(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Reg. No. 52  
FULL NAME OF CHILD Kenneth Paul  
(If stillborn, substitute the word "Stillbirth" for

Sex of Child <u>M</u>	Twin Triplet or other? <u>No</u>	and {	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of birth <u>Sept 22</u>
(To be answered only in event of plural births)				(Month)	(Day)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Harold Paul Mills

Residence (Usual place of abode) Boise, Idaho

If non-resident, give place and State Idaho

Color or race White Age at last Birthday 22 (Years)

Birthplace Caldwell, Idaho  
(City and State or County)

Occupation Clerk

MOTHER  
FULL NAME Ellen Marie Nesfert

Residence (Usual place of abode) Boise, Idaho

If non-resident, give place and State Idaho

Color or race White Age at last Birthday 19 (Years)

Birthplace St. Anthony, Idaho  
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:50 P. M. on the date above stated.

(Signature) W. H. Rhodes

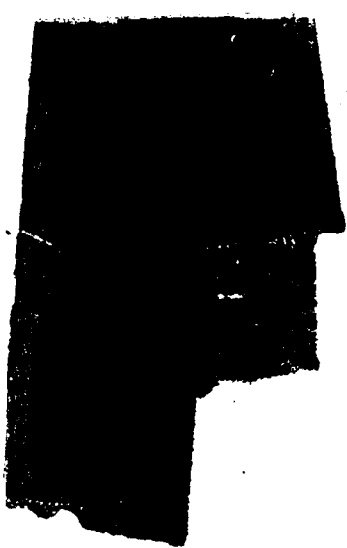
(Physician or midwife)

Address Boise, Idaho

Filed 9-27-33 W. H. Rhodes

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 13 1933

STATE OF IDAHO

a B. Buck

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Ada

## CERTIFICATE OF DEATH

State File No. 85814City of Boise.Registration District No. 2  
Primary Registration District No. 1004Local Registrar's No. 288(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Kenneth Paul Mills.(a) Residence. No. 3 Miles West of Boise. St. 1619(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 12. 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0 308. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.  
(State or country)13. NAME Harold Paul Mills.14. BIRTHPLACE (city or town) Caldwell, Idaho.  
(State or country)15. MAIDEN NAME Marie Neifert.16. BIRTHPLACE (city or town) St Anthiny, Idaho  
(State or country)17. INFORMANT Harold Paul Mills.  
(Address) R.D. # 2, Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL  
Morrises Hill Cemetery Date Sept. 13, 193319. UNDERTAKER Summers & Krebs.  
(Address) Boise, Idaho.20. FILED 9-13, 1933 W. P. Rhodes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 12 193322. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933, to Sept 12, 1933.I last saw him alive on Sept 12, 1933; death is saidto have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Premature laborCausing on the causeof overexertion

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1933

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Rhodes, M. D.(Address) Boise, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED OCT 5 1933

County of Bannock  
City of Pocatello  
No. 101 South Johnson St.

Pocatello General Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 215203

Registration District No. 28 State File No. \_\_\_\_\_

Prim. Registration District No. 241 Local Registrar's No. 342

FULL NAME OF CHILD \_\_\_\_\_

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <input type="checkbox"/>	and <input type="checkbox"/>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>September 19</u> , 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth First (a) Born alive and now living None

Born alive but now dead None Stillborn One

FATHER  
FULL NAME Arthur Milton Young  
Residence (Usual place of abode) C-6 Quinn Apartments  
If non-resident, give place and State \_\_\_\_\_  
Color or race White Age at last birthday 25 (Years)  
Birthplace Pocatello, Idaho (City and State or County)  
Occupation Emp. County Surveyor's Office

MOTHER  
FULL MAIDEN NAME Neola Otto  
Residence (Usual place of abode) C-6 Quinn Apartments  
If non-resident, give place and State \_\_\_\_\_  
Color or race White Age at last birthday 26 (Years)  
Birthplace Portland, Oregon (City and State or County)  
Occupation Housewife

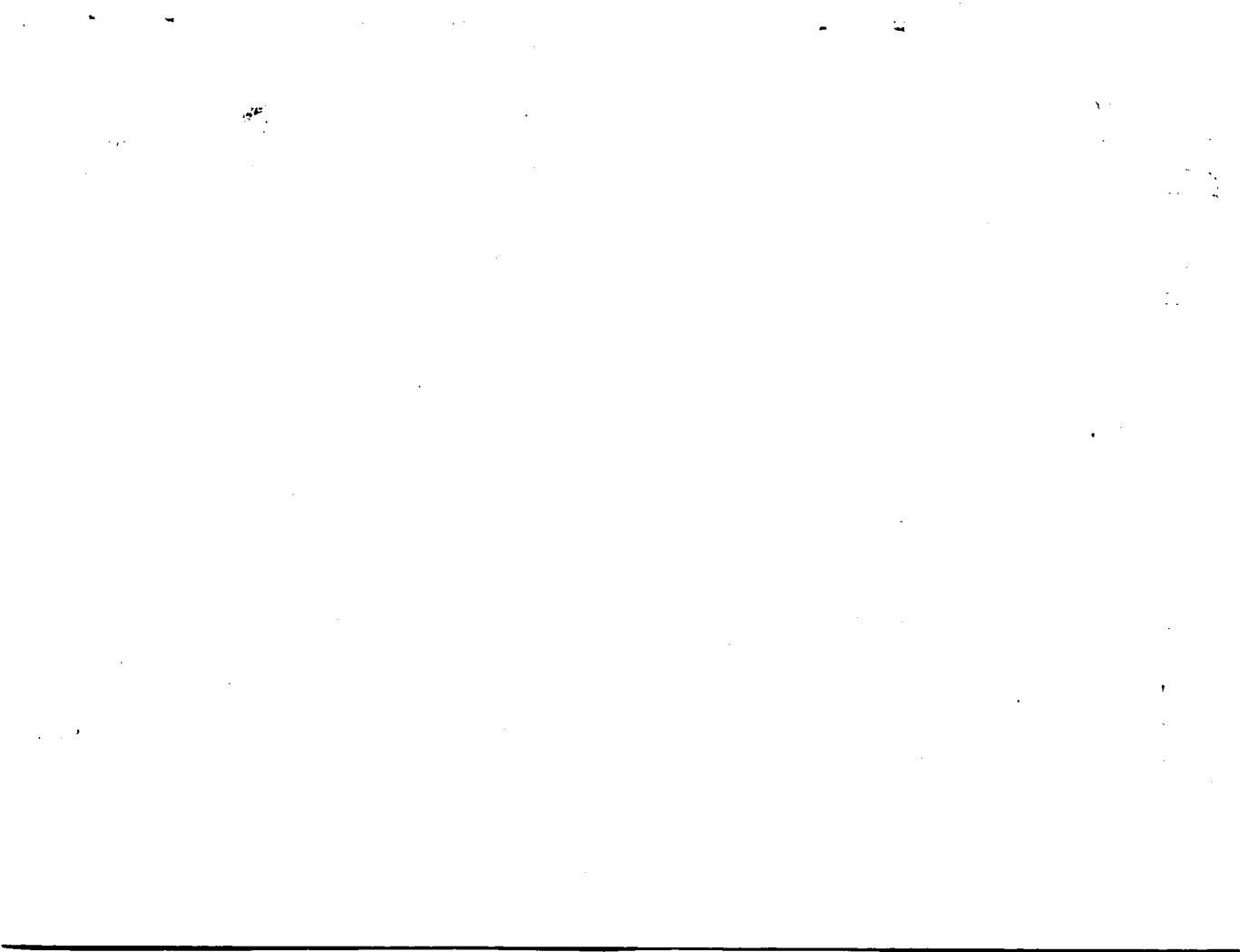
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn ☐ Born alive ☐ at 5:26 P. M.  
on the date above stated.

(Signature) W. W. Prockers

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Pocatello, Idaho  
Filed 9-30 1933 Ray Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1935		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 85831	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>162</u>	
City of <u>Porterville</u>		Primary Registration District No. <u>2161</u>			
(No. <u>Porterville General Hospital</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>William Harold Young</u>				206	
(a) Residence. No. <u>St. 7</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.	
<u>0 11 11 11 11 11</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Porterville Idaho</u>					
FATHER	13. NAME <u>Arthur Milton Young</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Porterville Idaho</u>				
MOTHER	15. MAIDEN NAME <u>Nealaphtha</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Porterville Oregon</u>				
17. INFORMANT (Address) <u>Arthur M. Young Apt. C-6</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. 7</u> Date <u>1935</u>					
19. UNDERTAKER (Address) <u>H. S. Mc Han Porterville Idaho</u>					
20. FILED <u>9-21</u> , 193 <u>5</u> <u>D. Cray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 19 1935</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 19 1935</u> , to <u>Sept 19 1935</u> . I last saw him alive on <u>Sept 19 1935</u> . death is said to have occurred on the date stated above, at <u>11 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Suborn</u> Date of onset <u>Sept 19 1935</u>					
Other contributory causes of importance: <u>Abruptio Placenta</u> Date of onset <u>Sept 19 1935</u>					
Name of operation <u>Placental</u> Date of <u>1935</u>					
What test confirmed diagnosis? <u>Placental</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>35</u> . Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>—</u> Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>—</u> (Signed) <u>W. J. K. K. K.</u> M. D. (Address) <u>—</u>					



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACED IN FILE  
**RECEIVED** OCT 4 1933  
County of **Bannock**  
City of **Bancroft, Idaho**  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

**S**  
215221

Registration District No. **84** State File No. **2161**  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. **84**

(If born in hospital or institution give name.)

FULL NAME OF CHILD **Stillbirth**

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <b>yes</b>	Date of birth <b>Sept, 12,</b> (Month) (Day)	<b>33</b> 19 (Year)
--------------	---	-----	--------------------------------	---------------------------	--	---------------------------

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth **7** (a) Born alive and now living **4**  
Born alive but now dead **2** Stillborn **1**

FATHER  
FULL NAME **James Hephi Wolverton**  
Residence (Usual place of abode) **Bancroft, Ida**  
If nonresident, give place and State \_\_\_\_\_  
Color or race **White** Age at last Birthday **39**  
Birthplace **Idaho** (Years)  
(City and State or Country)  
Occupation **Farmer**

MOTHER  
FULL MAIDEN NAME **Ina Mendenhall Perkins**  
Residence (Usual place of abode) **Bancroft, Ida**  
If nonresident, give place and State \_\_\_\_\_  
Color or race **White** Age at last Birthday **34**  
Birthplace **Idaho** (Years)  
(City and State or Country)  
Occupation **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **10:45** A. M.  
on the date above stated.

(Signature)

**still birth**

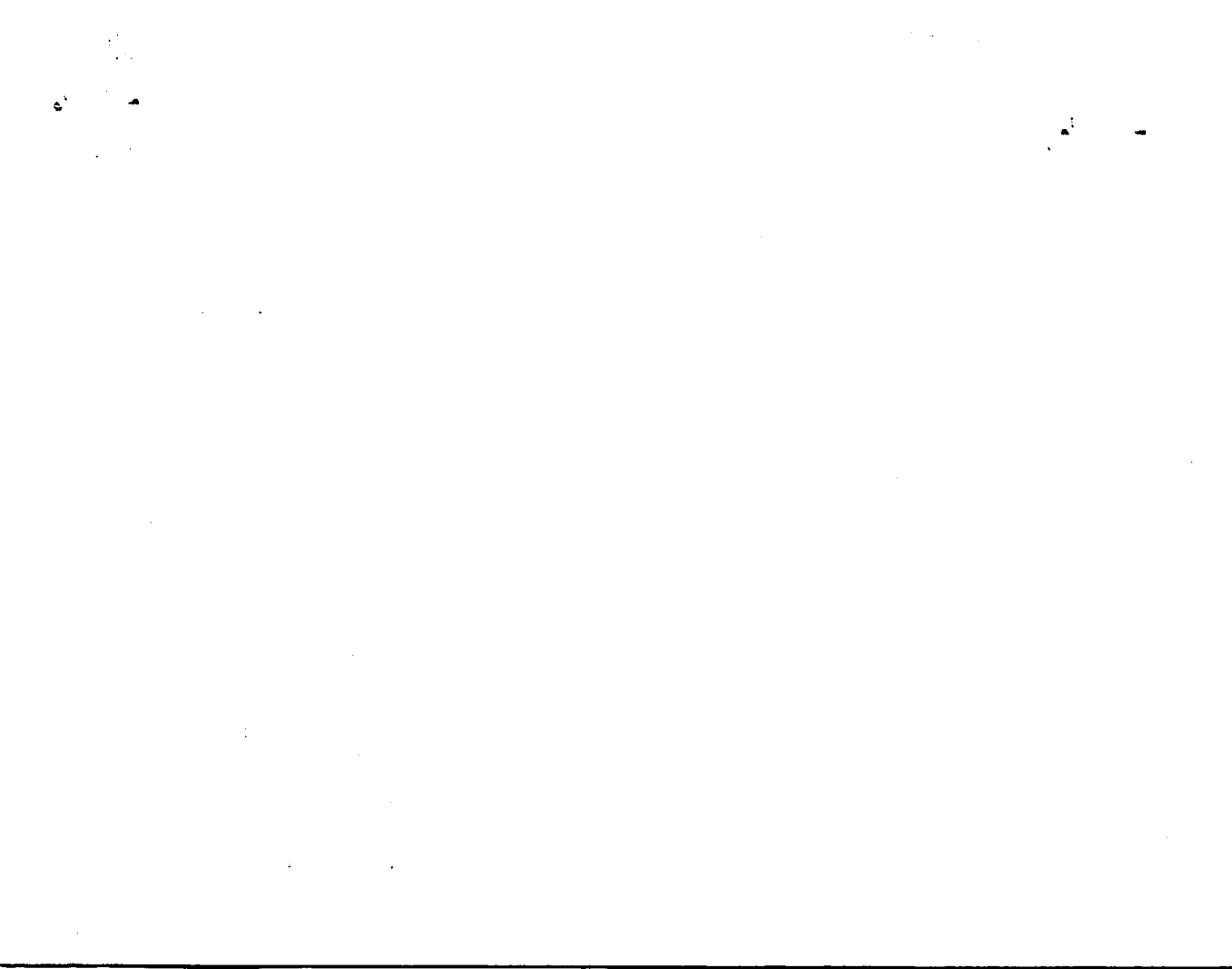
**Physician**

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address **Bancroft, Idaho.**

Filed **Sept 30** 19**33** **Mr G. G. Felt**  
Registrar



RECEIVED OCT 4 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **85843**

## PLACE OF DEATH

County of Bannock  
City of Bancroft IdaRegistration District No. 84Primary Registration District No. 2161Local Registrar's No. 18(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillbirth

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

8. SEX \_\_\_\_\_ 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day and year) Sept-12-1933

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Bancroft Ida  
(State or country)10. NAME OF FATHER James Nephi Volverson11. BIRTHPLACE OF FATHER (city or town) Ida  
(State or Country)12. MAIDEN NAME OF MOTHER Eva Mendenhall Perkins13. BIRTHPLACE OF MOTHER (city or town) Idaho  
(State or Country)14. Informant Taken from birth report by Mrs. G. G. Fitz Registrar  
(Address)15. Filed Sept 30, 1933 Mrs. G. G. Fitz  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept - 12 - 1933  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept 12 - 1933, to Sept 12 - 1933,  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Stillbirth - unknown  
but probably dead for 1 day  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.CONTRIBUTORY  
(Secondary) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted  
if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19\_\_\_\_ (Address) \_\_\_\_\_

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal \_\_\_\_\_ Date of Burial \_\_\_\_\_  
19  
20. Undertaker \_\_\_\_\_ Address \_\_\_\_\_

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Entry must be made for each, and the number of each, in order of birth stated.

366-205003-269

RECEIVED OCT 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215287

1. PLACE OF BIRTH  
County of Bannock  
City of Pocatello  
No. St. Anthony St.  
Necy Hospital  
(If born in hospital or institution give name.)

Registration District No. 28 State File No. 359

Prim. Registration District No. 2161 Local Registrar's No. 359

2. FULL NAME OF CHILD Babe Cook

3. Sex Female If plural births { 4. Twin, triplet, or other { 5. Number, in order of birth { 6. Premature ✓ Full term { 7. Legitimate 425 mate? yes { 8. Date of birth Sept 5, 1932 (Month, Day, Year)

9. Full name FATHER Herman Cook 18. Full maiden name MOTHER Helma Sorenson

10. Residence (usual place of abode) 440 S. Main (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) 440 S. Main (If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 2 (years) 20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Pocatello, Ida (State or country) 22. Birthplace (city or place) Pocatello, Ida (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. hu.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Food & Fuel hall 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work presently 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 mo. months or weeks 30. Cause of stillbirth encephalic Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 6:24 p.m. on the date above stated. (Born Alive or Stillborn)

(Signed) W. H. Ray, M. D.  
or \_\_\_\_\_, Midwife  
Address 215287  
Filed 9-15, 1933  
Registrar. W. H. Ray

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 1 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215307

1. PLACE OF BIRTH  
County of Blaine  
City of Farey  
No. 719-129-007469 St.

Registration District No. 57 State File No. 2025  
Prim. Registration District No. 2025 Local Registrar's No. 44

2. FULL NAME OF CHILD

3. Sex Male If plural births 5 4. Twin, triplet, or other yes 6. Premature yes 7. Legitimate? yes 8. Date of birth 8-29-1933  
(If born in hospital or institution give name.)

9. Full name of FATHER Elmer Thomas Parker

18. Full name of MOTHER Edna M. Morgan

10. Residence (usual place of abode) (If non-resident, give place and State) Farey, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Farey, Idaho

11. Color or race W 12. Age at last birthday 48 (years)

20. Color or race W 21. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or country) Elgin Oregon

22. Birthplace (city or place) (State or country) Paterson New Jersey

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Suburban

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn

28. If stillborn, period of gestation 7 months 29. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:50 a m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report

(Signed) Stanley M. D.

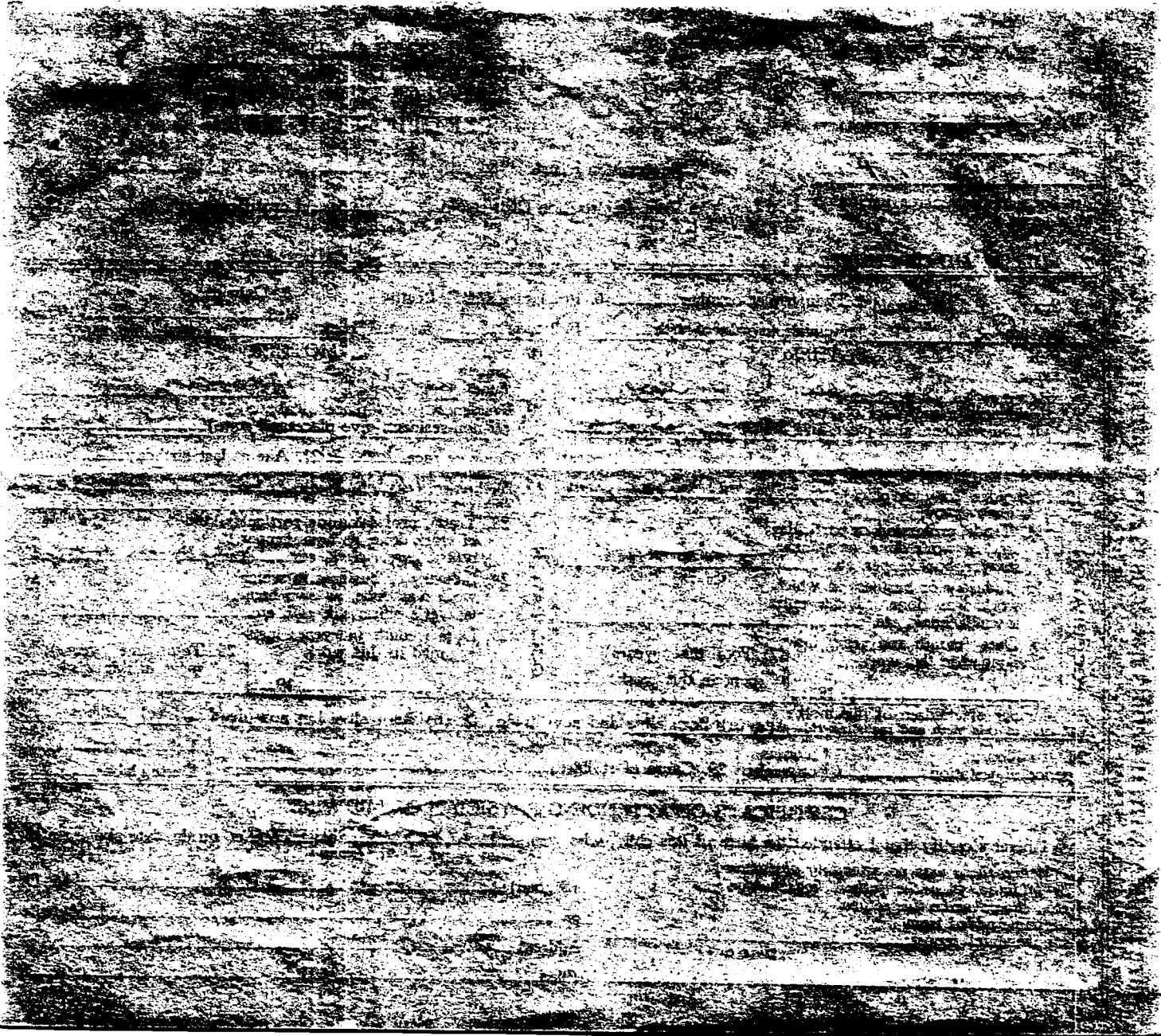
or Robert H. Wright Midwife

Address 10-1 Filed 10-1 1933

Registrar.

Registrar.





RECEIVED OCT 1 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **85875**

PLACE OF DEATH

County of **Blaine**

City of **Farey**

Registration District No. **57**

Primary Registration District No. **2025**

- Local Registrar's No. **41**

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Deby Parker**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
**Still born**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Farey, Idaho**  
(State or country)

10. NAME OF FATHER **Thomas Parker**

11. BIRTHPLACE OF FATHER (city or town) **Elgin Oregon**  
(State or Country)

12. MAIDEN NAME OF MOTHER **Mary Morgan**

13. BIRTHPLACE OF MOTHER (city or town) **Alturas Cal**  
(State or Country)

14. Informant **Thomas Morgan**  
(Address) **Farey, Idaho**

15. Filed **10-1-33** **P. H. Wright**  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **8/29** 19 **33**  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

**Still born - 6 mos fetus**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY  
(Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **R. W. J. J.** M. D.  
**8/29** 19 **33** (Address) **Farey, Idaho**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Farey, Idaho** Date of Burial **8/30** 19 **33**

20. Undertaker \_\_\_\_\_ Address \_\_\_\_\_

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S  
215382

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH  
County of Bonneville  
City of Isolar Falls  
No. R. D. Hospital

(If born in hospital or institution give name.)

Registration District No. 73 State File No. ....

Registration District No. 73 Local Registrar's No. 719

2. FULL NAME OF CHILD

3. Sex female If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature 8 Full term ..... 7. Legitimate yes 8. Date of birth Sept 28, 1933 (Month, Day, Year)

9. Full name FATHER Arthur Hood

18. Full maiden name MOTHER Ella Orleans Clayton

10. Residence (usual place of abode) (If non-resident, give place and State) .....

19. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white 12. Age at last birthday 30 (years)

20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Idaho, Idaho

22. Birthplace (city or place) (State or country) .....

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work Sept 28, 1933

25. Date (month and year) last engaged in this work Sept 28, 1933

17. Total time (years) spent in this work 1 year

26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 4

(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 1

29. If stillborn, period of gestation 8 mo months or weeks 30. Cause of stillbirth Premature separation of Placenta

Before labor ..... During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:50 m. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. ....

(Date of) .....

Registralr.

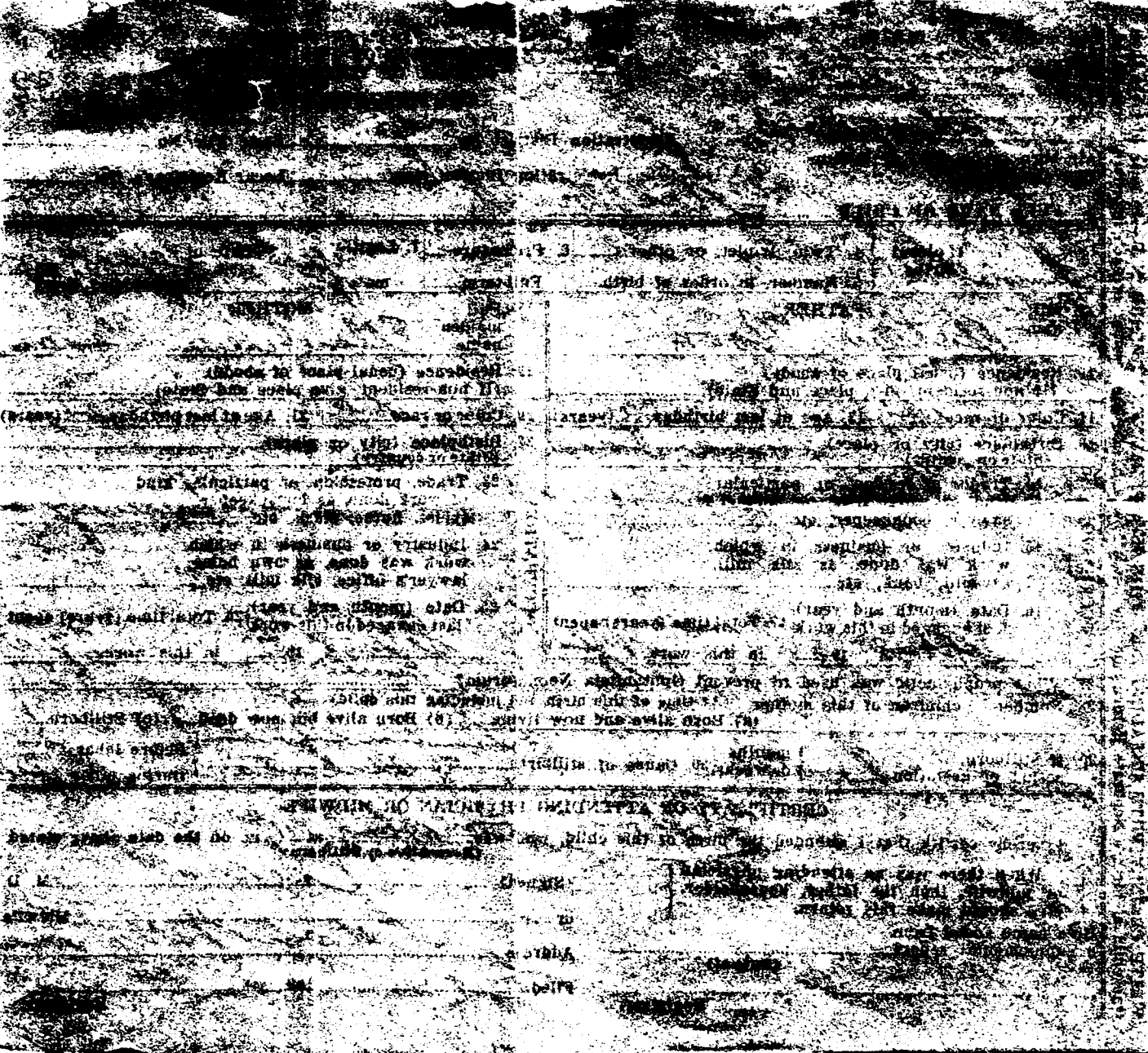
(Signed) Dr. J. W. ..., M. D.

or Midwife

Address Isolar Falls, Idaho

Filed Oct 4, 1933 County

Registralr.



RECEIVED OCT 5 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BonnerCity of Idaho Falls

## CERTIFICATE OF DEATH

State File No.

85884

Registration District No. 3Primary Registration District No. 211-0Local Registrar's No. 146(If death occurred in a hospital or institution give its name instead of street and number)  
L.P.H. Hospital2. FULL NAME Stillbirth(a) Residence. No. Leon Lake

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female4. Color or Race white5. Single, Married, Widowed or Divorced (write the word) babya. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept 28, 1933

7. AGE

Years

Months

Days

If LESS than

day, yrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

13. NAME Arthur Wood14. BIRTHPLACE (city or town) (State or country) Idaho Falls15. MAIDEN NAME Ella Orlean Clayton16. BIRTHPLACE (city or town) (State or country) A. C.17. INFORMANT (Address) Father

18. BURIAL, CREMATION OR REMOVAL

Place Leon Lake Date Sept 29, 193319. UNDERTAKER (Address) none20. FILED Sept 29, 1933

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28, 193322. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933 to Sept 28, 1933I last saw him alive on Sept 28, 1933 death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

PurpuraPremature Separation7 placenta

Other contributory causes of importance:

BreachPremature 8 moName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury, 1933.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Smith M. D.(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JAN 4 1979

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Idaho  
City of Boise  
Memorial Park Hosp.  
(If born in hospital or institution give name.)

Registration District No. 8 State File No. 215412

Prim. Reg. District No. 2005 Local Registrar's No. 169

2. FULL NAME OF CHILD Stillbirth

3. Sex <u>male</u>	4. Twin, triplet, or other <u>no</u>	5. Legiti- <u>yes</u>	6. Date of birth <u>Sept. 17, 1933</u>
7. Plural births <u>no</u>	8. Number, in order of birth <u>1st</u>	9. Legiti- <u>yes</u>	10. Date of birth <u>Sept. 17, 1933</u>

9. Full name <u>Ray E. Leonard</u>	FATHER	18. Full maiden name <u>Mary Nicholas</u>	MOTHER
19. Residence (usual place of abode) <u>Boise, Idaho</u>	(If non-resident, give place and State)	19. Residence (usual place of abode) <u>Boise, Idaho</u>	(If non-resident, give place and State)
20. Color or race <u>white</u>	21. Age at last birthday <u>46</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>46</u> (years)
22. Birthplace (city or place) <u>Persia, Tenn.</u>	(State or country)	22. Birthplace (city or place) <u>Kampa, Idaho</u>	(State or country)
23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H. W.</u>
25. Date (month and year) last engaged in this work <u>Present</u>	26. Total time (years) spent in this work <u>lifetime</u>	25. Date (month and year) last engaged in this work <u>Present</u>	26. Total time (years) spent in this work <u>lifetime</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1st

28. Number of children of this mother (At time of this birth and including this child) 1st

(a) Born alive and now living 1st (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 mo. months or weeks 7 mo.

30. Cause of stillbirth Albuminuria & Colerousness? Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Harton, M. D.

or \_\_\_\_\_, Midwife

Address Kampa - Idaho

Filed 9-17-, 1933 J. B. Meyer

Registrar.

Registrar.





*[The page contains extremely faint, illegible markings and noise.]*

RECEIVED OCT 15 1933

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of CanyonCity of Caldwell

## CERTIFICATE OF DEATH

State File No. ....

Registration District No. 3Primary Registration District No. 2005Local Registrar's No. 76(If death occurred in a hospital or institution, give its name instead of street and number)  
Memorial Park Forest2. FULL NAME Still birth

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race wh. 5. Single, Married, Widowed or Divorced (write the word)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE \* Years Months Days If LESS than 1 day, ... hrs. or ... min.  
7 mo. foetus Sept. 17, 19338. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caldwell Id.13. NAME R. E. Fleener14. BIRTHPLACE (city or town) (State or country) Pewee Tenn.15. MAIDEN NAME Mary Nicholas16. BIRTHPLACE (city or town) (State or country) Nampa Id.17. INFORMANT R. E. Fleener (Address) Caldwell R. 4

18. BURIAL, CREMATION OR REMOVAL

Place Am. Tethus Ranch Date Sept. 17, 193319. UNDERTAKER By Father & Friends (Address)20. FILED 9-17-33 J. B. Meyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from  
on 9-17-1933, to 1933I last saw him alive on 1933; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Puerperal convulsionon day of themother's death 24-1933

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... so, specify

(Signed) J. B. Meyer, M. D.(Address) Nampa Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACED IN FILE SEP 20 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215475

County of Custer  
City of Challis  
No. James Ranch St.

Registration District No. 108 State File No. \_\_\_\_\_

Prim. Registration District No. 2186 Local Registrar's No. 211

(If born in hospital or institution  
give name.)

FULL NAME OF CHILD Stillbirth  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Male	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? Yes	Date of birth	August 23	1933
						(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Stillbirth

Number of child of this mother, including present birth. 6 (a) Born alive and now living. 5

Born alive but now dead One (this case) Stillborn Yes

FULL NAME	FATHER <u>Gurney R. James</u>	FULL MAIDEN NAME	MOTHER <u>Kate May Mavity</u>
-----------	----------------------------------	------------------	----------------------------------

Residence (Usual place of abode)	<u>Challis, Idaho</u>	Residence (Usual place of abode)	<u>Challis, Idaho</u>
----------------------------------	-----------------------	----------------------------------	-----------------------

If non-resident, give place and State \_\_\_\_\_

Color or race	<u>W</u>	Age at last Birthday	<u>35</u>	Color or race	<u>W</u>	Age at last Birthday	<u>28</u>
				(Years)			

Birthplace	<u>Sheldon, N. D.</u>	Birthplace	<u>Custer, Idaho</u>
		(City and State or County)	

Occupation	<u>Truck driver, forest serv.</u>	Occupation	<u>Housewife</u>
------------	-----------------------------------	------------	------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 A. M.  
on the date above stated.

(Signature) Elvin S. Sigurd

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Capt. H. C. U. S. Army  
(Physician or midwife)

Address Camp F 85 C. C. Challis, Idaho

Filed Aug 24 1933 Elvin S. Sigurd  
Registrar

STATE OF NEW YORK  
IN SENATE  
January 10, 1911

Report of the  
Commissioner of the State of New York  
for the year ending December 31, 1910

ALBANY:  
J. B. LIPPINCOTT & CO.,  
PRINTERS,  
1911

THE STATE OF NEW YORK  
OFFICE OF THE COMMISSIONER  
OF THE STATE OF NEW YORK  
ALBANY, N. Y.  
JANUARY 10, 1911

TO THE SENATE AND ASSEMBLY  
OF THE STATE OF NEW YORK  
BY THE COMMISSIONER  
OF THE STATE OF NEW YORK

ALBANY, N. Y.  
JANUARY 10, 1911

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BY THE COMMISSIONER  
OF THE STATE OF NEW YORK

ALBANY, N. Y.  
JANUARY 10, 1911

ALBANY, N. Y.  
JANUARY 10, 1911

RECEIVED SEP 20 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 85938

## PLACE OF DEATH

County of CusterCity of Challis, Idaho

## CERTIFICATE OF DEATH

Registration District No. 102Primary Registration District No. 2186

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn male infant of Gurney R. and Kate May James(a) Residence. No. James Ranch, Challis, Idaho St. 207

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Stillborn</u>
-----------------------	------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>0</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, hrs. or min. <u>0</u>
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work Stillborn(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Custer County  
(State or country) James Ranch, Challis,  
Idaho10. NAME OF FATHER  
Gurney R. James11. BIRTHPLACE OF FATHER (city or town) Sheldon, N.D.  
(State or Country)12. MAIDEN NAME OF MOTHER  
Kate May Mavity13. BIRTHPLACE OF MOTHER (city or town) Custer, Idaho  
(State or Country)14. Informant Mrs. Stella Chivers, Challis,  
(Address) Idaho15. Filed Aug 24, 1933 Edna J. Kennedy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 23 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

at birth was stillborn  
never in Stillborn 8- 1933  
that I did saw him alive onand that death occurred, before birth  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:Stillborn, period of gesta-  
tation about 3 1/2 months.CONTRIBUTORY Stillborn  
(Secondary)  
(duration) yrs. mos. ds.18. Where was disease contracted Before birth death  
if not at place of death? in uteroDid an operation precede death? No Date ofWas there an autopsy? No ClinicalWhat test confirmed diagnosis? Edwin S. Rogers, M.D.August 23, 1933 (Address) Challis, Idaho19. Place of Burial, Cremation, or Removal Challis, Idaho  
Date of Burial Aug 23, 193320. Undertaker Relatives and friends  
Address Challis, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; **keeping a copy of same** for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 9 1933

1. PLACE OF BIRTH

County of Idaho 456-211-029633

City of Moscow, Idaho

No. 2274 Third St.

Community

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **215633**

Registration District No. 61 State File No. \_\_\_\_\_

Prim. Registration District No. 1011 Local Registrar's No. 89

2. FULL NAME OF CHILD Baluy Girl De Witt

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth <u>July 11</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
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9. Full name FATHER <u>Arthur Leo De Witt</u>	18. Full maiden name MOTHER <u>Viola Evangeline Ottet</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Moscow</u>
11. Color or race <u>Wh</u>	20. Color or race <u>Wh</u>
12. Age at last birthday <u>32</u> (years)	21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) (State or country) <u>Illinois</u>	22. Birthplace (city or place) (State or country) <u>South Dakota</u>

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>24. 24.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	19. _____	26. Total time (years) spent in this work	19. _____

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks

29. Cause of stillbirth Fracture

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) F. W. Litch, M. D.

or \_\_\_\_\_ Midwife

Address Moscow

Filed 10/5, 1933 W. H. Litch Registrar.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF)

Registrar.



TO THE HONORABLE  
MEMBERS OF THE  
HOUSE OF REPRESENTATIVES  
IN SENATE CHAMBERS  
WASHINGTON, D. C.  
JANUARY 10, 1910

THE SECRETARY OF THE  
NAVY  
WASHINGTON, D. C.  
SIR:  
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed purchase of the land for the proposed site of the new building for the Department of the Navy, and in reply to inform you that the same has been referred to the proper authorities for their consideration.

Very respectfully,  
J. D. LONG  
Secretary of the Navy

Very truly yours,  
J. D. LONG  
Secretary of the Navy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED AUG 18 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
County of Latah  
City of Moscow  
Registration District No. 61  
Primary Registration District No. 1011

DO NOT WRITE IN THIS SPACE

State File No. 85683

Local Registrar's No. 38

(No. Community Hospital)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby DeWitt

(a) Residence. No. St.  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>Stillborn</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
FATHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (city or town) <u>Moscow</u> (State or country) <u>Idaho</u>			
	13. NAME <u>Leo DeWitt</u>			
MOTHER	14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)			
	15. MAIDEN NAME <u>Viola Otter</u>			
	16. BIRTHPLACE (city or town) <u>S. Dak.</u> (State or country)			
17. INFORMANT <u>Leo DeWitt</u> (Address) <u>Moscow, Idaho</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Moscow</u> Date <u>7/12</u> , 193 <u>3</u>				
19. UNDERTAKER <u>J. P. Smith</u> (Address) <u>Moscow</u>				
20. FILED <u>8-5-33</u> , 193 <u>3</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>7/11</u> , 193 <u>3</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> , 193 <u>3</u> , to <u>July 11</u> , 193 <u>3</u> . I last saw <u>deceased</u> on <u>July 11</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>6:00 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Still born</u> Date of onset	
Other contributory causes of importance:	
Name of operation <u>None</u>	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury <u>July 11</u> , 193 <u>3</u> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>J. M. Litch</u> , M. D. (Address) <u>Moscow</u>	

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH Idaho  
County of Blaine  
City of Salmon  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **215645**

Registration District No. 41 State File No. \_\_\_\_\_  
Prim. Registration District No. 2116 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature yes 7. Legitimate? yes 8. Date of birth July 23, 1932 (MONTH, DAY, YEAR)

9. Full name FATHER Forris Whiting 18. Full maiden name MOTHER Margery Butterfield  
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho  
11. Color or race Wht 12. Age at last birthday 48 (years) 20. Color or race Wht 21. Age at last birthday 37 (years)  
13. Birthplace (city or place) (State or country) Utah 22. Birthplace (city or place) (State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wht  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 2 (c) Stillborn 1  
28. If stillborn, period of gestation 8 mo { months or weeks } 29. Cause of stillbirth Mother in Convulsions & Smar Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P m. on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) D Wright M. D.

Give name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_ Midwife  
(DATE OF) \_\_\_\_\_ Address Salmon Ida  
Filed 10/9, 1933 Chas C Bellamy Registrar

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED OCT 9 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215673

1. PLACE OF BIRTH  
County of Madison  
City of Burton  
No. 813 St.

Registration District No. 100 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2178 Local Registrar's No. 158

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births <u></u>	4. Twin, triplet, or other <u></u>	5. Number, in order of birth <u>6</u>	6. Premature <u>yes</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>Sept 17</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name of FATHER <u>Earl S. Hall</u>				18. Full maiden name of MOTHER <u>Maud Spaulding</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burton Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and state) <u>Burton Idaho</u>		
11. Color or race <u>White</u>				20. Color or race <u>White</u>		
21. Age at last birthday <u>38</u> (years)				22. Age at last birthday <u>38</u> (years)		
12. Birthplace (city or place) (State or country) <u>Wellsville Utah</u>				23. Birthplace (city or place) (State or country) <u>Independence Utah</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>				25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>		
16. Date (month and year) last engaged in this work <u></u>				26. Date (month and year) last engaged in this work <u></u>		
17. Total time (years) spent in this work <u></u>				27. Total time (years) spent in this work <u></u>		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation 40 months or weeks } 29. Cause of stillbirth Irregular labor Before labor  During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Dead at 2:00 m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) Parley Nelson M. D.

or  Midwife

Address Burton Idaho

Filed Oct 1, 1933 J. Young Registrar

Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 9 1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <b>86017</b>	
PLACE OF DEATH County of <u>Madison</u> City of <u>Pelham</u>		CERTIFICATE OF DEATH Registration District No. <u>100</u> Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>56</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Wayne Hall</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 17 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>Still Born</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Pelham, Idaho</u> (State or country)					
FATHER	13. NAME <u>Earl Hall</u>				
	14. BIRTHPLACE (city or town) <u>Wendover, Utah</u> (State or country)				
	15. MAIDEN NAME <u>Margaret Spaulding</u>				
	16. BIRTHPLACE (city or town) <u>Dupont, Idaho</u> (State or country)				
MOTHER	17. INFORMANT <u>Earl Hall</u> (Address) <u>Pelham, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Samuelson</u> Date <u>9/18</u> , 193 <u>3</u>				
	19. UNDERTAKER <u>W. E. Eckert</u> (Address) <u>Pelham, Idaho</u>				
	20. FILED <u>Oct 5, 1933</u> <u>G. Young</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 17</u> , 193 <u>3</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 17</u> , 193 <u>3</u> , to <u>Sept 17</u> , 193 <u>3</u>					
I last saw him alive on <u>Sept 17</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>9:00</u> a.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Strangulated umbilical cord during delivery</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>3</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Parley Nelson</u> , M. D. (Address) <u>Pelham, Idaho</u>					

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

213-  
1. **RECEIVED** OCT 5 1933

County of Nez Perce  
City of Lathrop  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215690

Registration District No. 63 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. 2143 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD (Infant) Bateman

3. Sex	If plural births	4. Twin, triplet, or other	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept. 30, 1933</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name FATHER  
Newton Grant Bateman  
10. Residence (usual place of abode)  
(If non-resident, give place and State) Lathrop  
11. Color or race W 12. Age at last birthday 36 (years)  
13. Birthplace (city or place)  
(State or country) Kansas  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_ 19\_\_\_\_

OCCUPATION

18. Full maiden name MOTHER  
Jessie Maud Foster  
19. Residence (usual place of abode)  
(If non-resident, give place and state) Lathrop  
20. Color or race W 21. Age at last birthday 34 (years)  
22. Birthplace (city or place)  
(State or country) Kansas  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_ 19\_\_\_\_

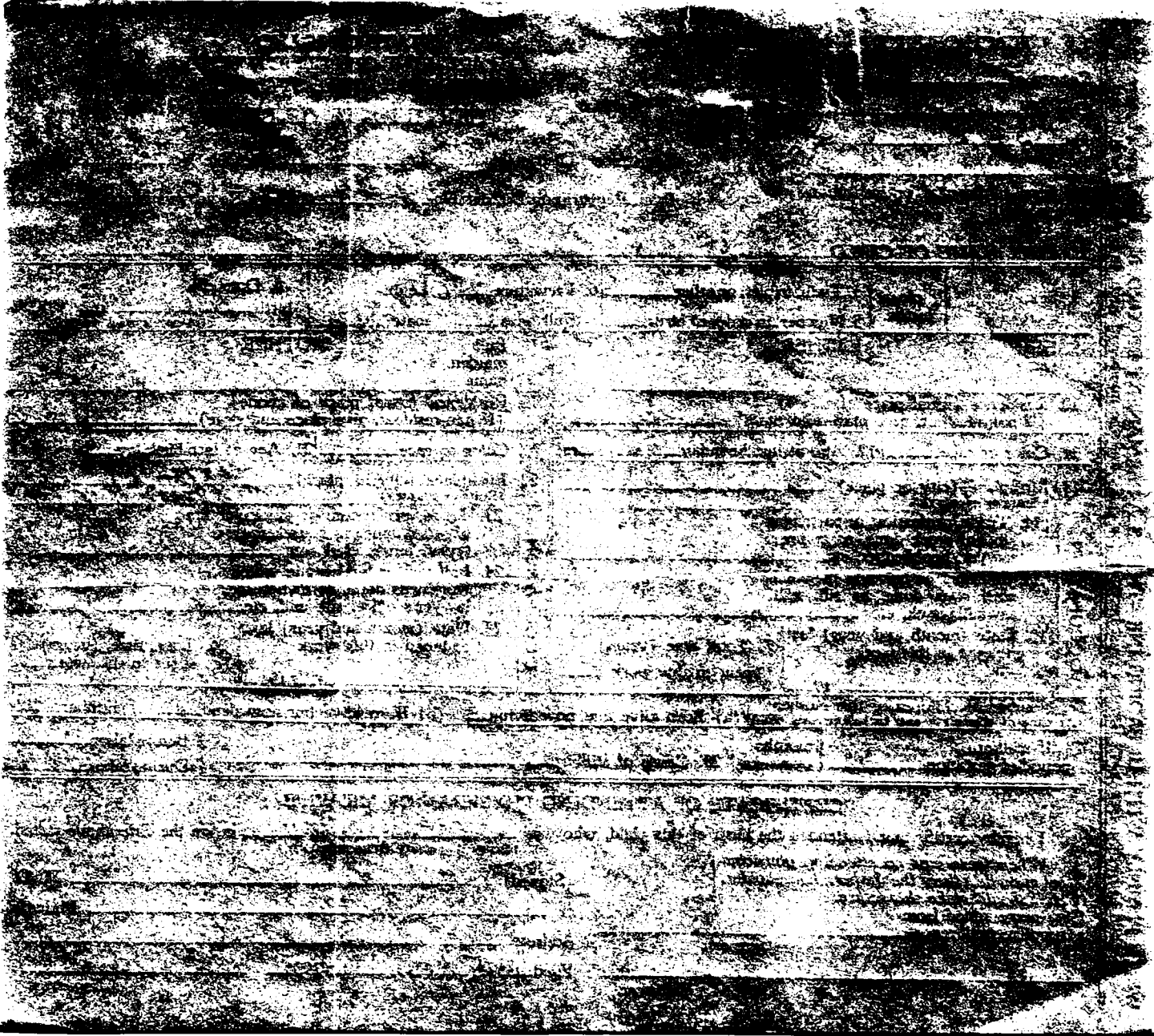
OCCUPATION

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1  
28. If stillborn, period of gestation 8 { months or weeks } 29. Cause of stillbirth No { Before labor or During labor } Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 1:30 A. M. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) D. A. Christensen, M. D.  
or \_\_\_\_\_ Midwife  
Address Lathrop, Idaho  
Filed Oct 1, 1933 B. F. Meeker  
Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_



20. Undertaker	Address
----------------	---------

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 20 1933  
1. PLACE OF BIRTH  
County of Nez Perce  
City of Culdesac Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 215725

Registration District No. 128 State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 8-12-1933  
(MONTH, DAY, YEAR)

9. Full name FATHER George Campbell  
10. Residence (usual place of abode) Culdesac Idaho  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 52 (years)

13. Birthplace (city or place) Montpelier  
(State or country) Vt.

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common  
16. Date (month and year) last engaged in this work 8-12-1933  
17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Rose Fuller  
19. Residence (usual place of abode) Culdesac Idaho  
(If non-resident, give place and state)  
20. Color or race White 21. Age at last birthday 42 (years)

22. Birthplace (city or place) Nebraska  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 8-12-33, 19\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1  
28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ 29. Cause of stillbirth not known { Before labor Yes During labor No

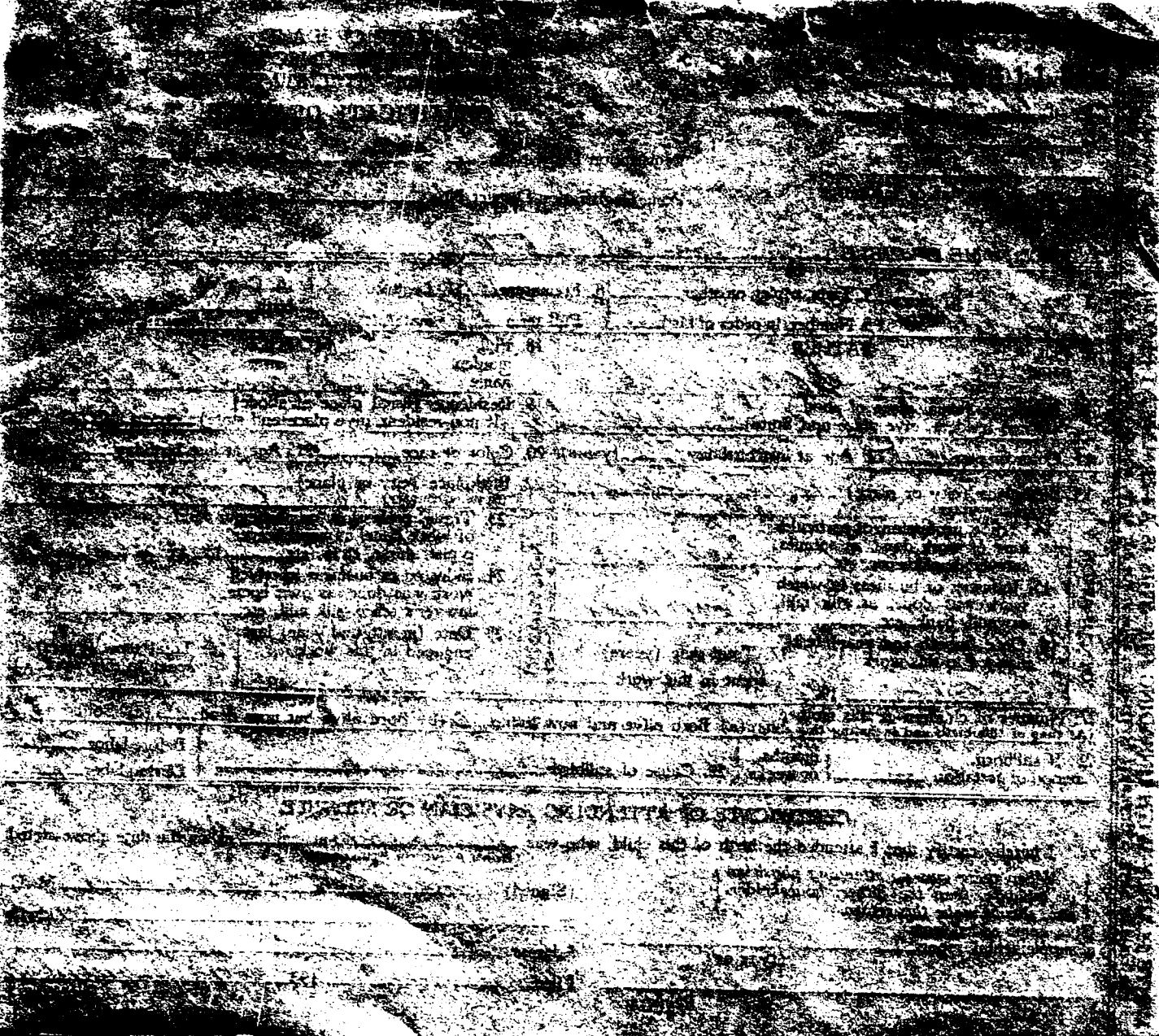
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 A.M. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

(Signed) George Gaymard, M. D.  
or \_\_\_\_\_ Midwife  
Address Culdesac Idaho  
Filed August, 1933 George Gaymard MD Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 20 1933

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of WayneCity of Caldwell Idaho

## CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. ....

State File No. 86033

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place19. UNDERTAKER  
(Address)

20. FILED

August 3, 1933

George Gaymard M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-12-1933

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to , 193

I last saw him alive on , 193 : death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gaymard M. D.(Address) Caldwell Idaho

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED JCT 10 1933**

County of Quincy  
City of Malad

154-21-036/113 St  
Community Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS **S 215740**  
**CERTIFICATE OF BIRTH**

Registration District No. 26 State File No. 2069

Prim. Registration District No. 2069 Local Registrar's No. 92

2. FULL NAME OF CHILD Stillborn Anderson

3. Sex Female If plural births 4. Twin, triplet, or other 6. Premature Full term 7. Legitimate? yes 8. Date of birth Sept 21, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER Alf. Anderson 18. Full maiden name MOTHER Eva Jackson

10. Residence (usual place of abode) Malad 19. Residence (usual place of abode) Malad  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 40 (years) 20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Chicago, Illinois 22. Birthplace (city or place) England  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth Before labor or During labor

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

(Signed) Dr. M. D. M. D.

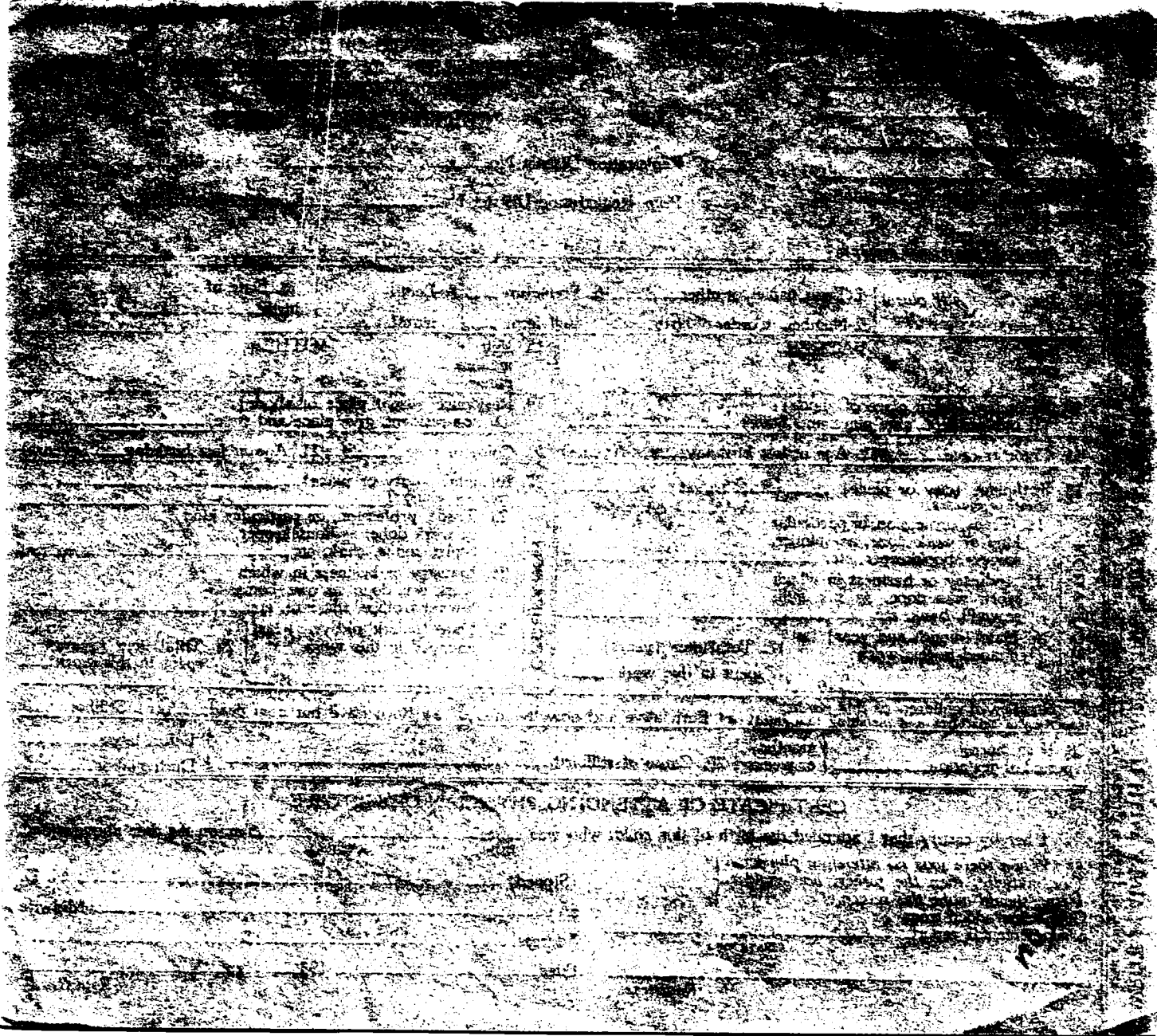
or Malad Midwife

Address 9/30, 1933

Filed 9/30, 1933 J. M. Kern Registrar.

Registrar.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.  
Give name added from  
a supplemental report. (DATE OF)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

48 7113 042-665

RECEIVED OCT 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 215831

Registration District No. 37 State File No.

Prim. Registration District No. 2286 Local Registrar's No. 312

2. FULL NAME OF CHILD George Day

3. Sex male 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate? yes 8. Date of birth Sept. 13, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER

John Paul Day,

10. Residence (usual place of abode) Eden, Idaho (If non-resident, give place and State)

11. Color or race white Age at last birthday 35 (years)

13. Birthplace (city or place) Washington, (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19

18. Full maiden name MOTHER

Catherine Ann Owens,

19. Residence (usual place of abode) Eden, Idaho (If non-resident, give place and state)

20. Color or race white 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Denver, Colo. (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19

27. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 4:35 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) Joseph N. Davis, M. D. Physician

Address Kimberly, Idaho

Filed Sept 27, 1933, Geo. C. Hally, M.D. Registrar.

Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

3. The third part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

4. The fourth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

5. The fifth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

6. The sixth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

7. The seventh part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

8. The eighth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

9. The ninth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

10. The tenth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 5 1933		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 86086	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS			
County of <u>Twin Falls</u>		Registration District No. <u>37</u>		Local Registrar's No. <u>113</u>	
City of <u>Kimberly</u>		Primary Registration District No. <u>20857</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>George Day</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>W.</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>S.</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>9/13/33</u>					
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or _____ min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Kimberly</u> (State or country) <u>Idaho</u>					
13. NAME <u>John Paul Day</u>					
14. BIRTHPLACE (city or town) _____ (State or country) _____					
15. MAIDEN NAME <u>Catherine Day Omond</u>					
16. BIRTHPLACE (city or town) <u>Warner</u> (State or country) <u>Calo.</u>					
17. INFORMANT <u>father</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 1933					
19. UNDERTAKER _____ (Address) _____					
20. FILED <u>Sept 13, 1933</u> <u>Geo. H. Haller MD</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) _____ 1933					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Sept 13, 1933</u> , to <u>Sept 13, 1933</u> last saw him alive on _____, 1933; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance as follows: <u>Internal asphyxia</u> Other contributory cause of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933 Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. M. Davis</u> , M. D. (Address) <u>Kimberly, Id.</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, the name of each, and the number of each, in order of birth, must be made for each, and the number of each, in order of birth, must be made for each.

1. PLACE OF BIRTH  
County of Bannock  
City of Arco  
No. 1613  
315-12100  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **215992**

Registration District No. 28 State File No. 2  
Prim. Registration District No. 2161 Local Registrar's No. 405

2. FULL NAME OF CHILD Baby Lang half.

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature..... Full term <u>✓</u>	7. Legitimate <u>yes</u>	8. Date of birth <u>Sept. 21, 1933</u> (Month, Day, Year)
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9. Full name FATHER  
Edward Frederic Lang half.  
10. Residence (usual place of abode) 1613 N. Harrison  
(If non-resident, give place and State)  
11. Color or race W 12. Age at last birthday 43 (years)  
13. Birthplace (city or place) Walden, Colo.  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Contractor  
16. Date (month and year) last engaged in this work  
Present 17. Total time (years) spent in this work 10 yrs.

18. Full maiden name MOTHER  
Hanna May Blankenship.  
19. Residence (usual place of abode) 1613 N. Harrison  
(If non-resident, give place and State)  
20. Color or race W 21. Age at last birthday 35 (years)  
22. Birthplace (city or place) Richfield, Ill.  
(State or country)

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. M.  
25. Date (month and year) last engaged in this work  
Present 26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn ✓  
29. If stillborn, period of gestation 7 months or weeks 30. Cause of stillbirth prematurely  
Before labor.....  
During labor.....

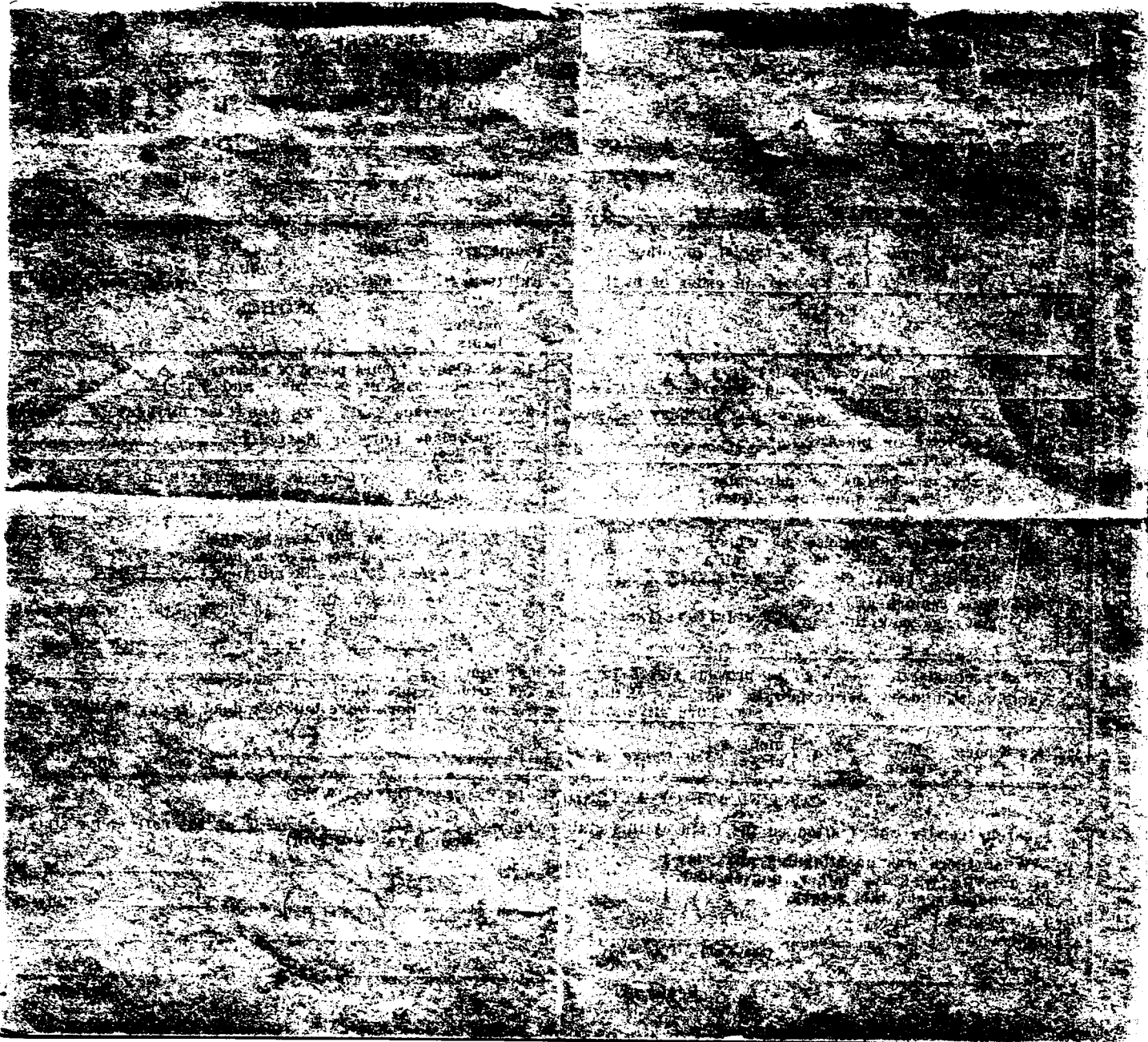
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 12:21 P.M. on the date above stated.  
(Born alive and now living)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report.....  
(Date of).....

(Signed) Dr. J. C. Ray, M. D.  
or Dr. J. C. Ray, Midwife  
Address Proctor  
Filed 10-6, 1933 D C Ray  
Registrar.





MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED MAR 10 1934  
 PLACE OF DEATH  
 Bannock  
 County of  
 City of Pocatello

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 87712

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 26

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Longholf

(a) Residence. No. Pocatello, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. Color or Race White  
 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)  
 September 21, 1933.

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.  
 Still-Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (mo. and yr.)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello, Idaho.  
 (State or country)

13. NAME Edward F. Longholf

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna May Blankenship

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward F. Longholf  
 (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL  
 Place Pocatello, Idaho. Date Feb. 8, 1934.

19. UNDERTAKER Arthur W. Hall  
 (Address) Pocatello, Idaho.

20. FILED Feb. 6, 1934. S. C. Ray  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) BEFORE BIRTH 193

22. I HEREBY CERTIFY That I attended deceased from  
 P. 21, 1933, to 9-21, 1933.

I last saw him alive on 9-21, 1933; death is said to have occurred on the date stated above, at Pocatello. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Pocatello, Idaho. M. D.  
 (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE OF BIRTH  
County of Bingham NOV 6 1933  
City of Blackfoot  
No. R. F. D. #4 St.  
STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **S 216026**  
Registration District No. 121 State File No. \_\_\_\_\_  
Prim. Registration District No. 51941 Local Registrar's No. 354  
(If born in hospital or institution give name.)

FULL NAME OF CHILD Stanley M. Morkley  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate <u>yes</u>	Date of birth <u>Oct 22</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 3 (a) Born alive and now living 2  
Born alive but now dead 0 Stillborn 1

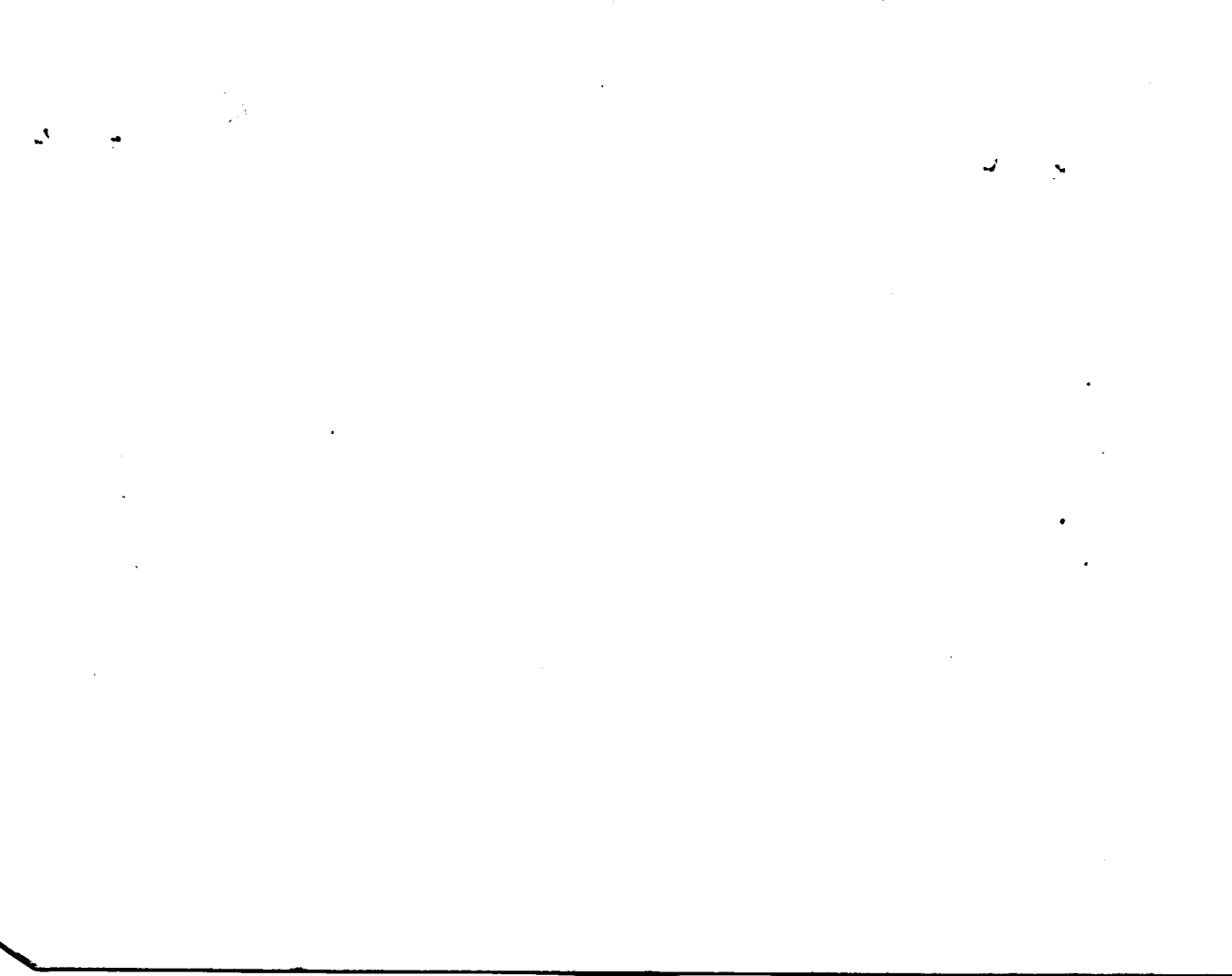
FATHER		MOTHER	
FULL NAME <u>Stanley Morkley</u>	FULL MAIDEN NAME <u>Mildred Bergeson</u>		
Residence (Usual place of abode) <u>Blackfoot</u> # <u>4</u>	Residence (Usual place of abode) <u>Blackfoot</u> # <u>4</u>		
If nonresident, give place and State _____	If nonresident, give place and State _____		
Color or race <u>White</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Blackfoot Ida.</u> (City and State or Country)	Birthplace <u>Blackfoot Ida</u> (City and State or Country)		
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A M.  
on the date above stated.  
(Signature) W. Beck M.D.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Blackfoot Ida  
Filed Nov 3 1933 Wm. H. H. Statton  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 10V

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

County of BinghamCity of BlackfootRegistration District No. 121Primary Registration District No. 2194

State File No.

86197

Local Registrar's No. 158

(If death occurred in a hospital or institution, give its name instead of street and number.)

## 2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

St.

(If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 22, 1933

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot  
(State or country) Idaho

MOTHER FATHER

13. NAME Stanley Merkley14. BIRTHPLACE (city or town) Blackfoot  
(State or country) Idaho15. MAIDEN NAME Mildred Bergeson16. BIRTHPLACE (city or town) Blackfoot  
(State or country) Idaho17. INFORMANT (Address) Stanley Merkley  
Blackfoot, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot, Idaho Oct 22, 193319. UNDERTAKER (Address) Stanley Merkley  
Blackfoot, Idaho20. FILED Oct 30, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 22, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Oct 22, 1933I last saw h. Stillborn 1933; death is saidto have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxia during birth

Other contributory causes of importance

Breath delivered to mother 15 or 20 min before I arrived

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. W. Beck, M. D.(Address) Blackfoot, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

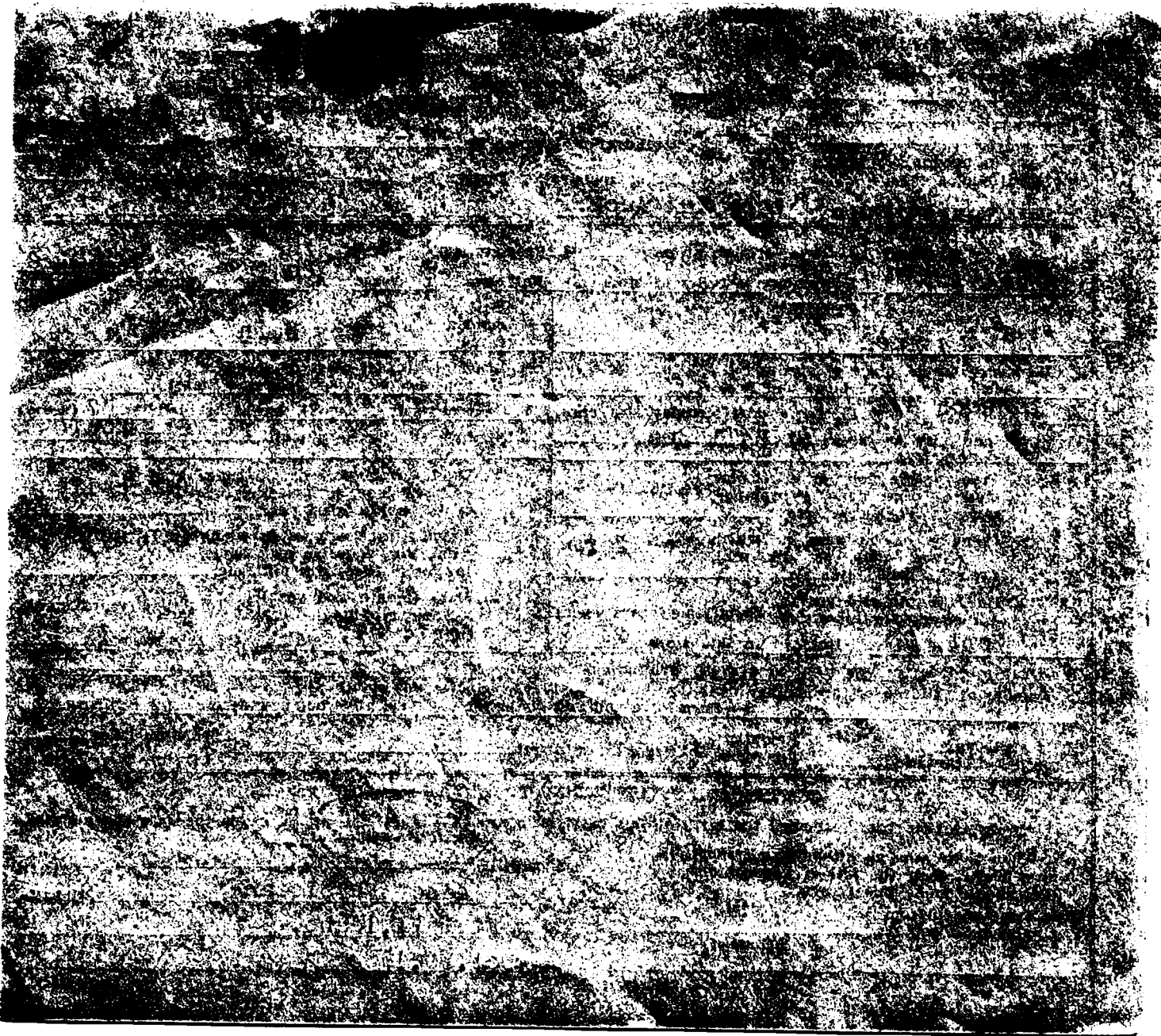
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH		COUNTY OF <u>Bingham</u>		CITY OF <u>Ft. Hall</u>		ST. <u>Idaho</u>	
2. FULL NAME OF CHILD		<u>Baby ANN Auck.</u>		3. Sex <u>Female</u>		4. Twin, triplet, or other <u>None</u>	
5. Number, in order of birth		<u>1</u>		6. Premature <u>Yes</u>		7. Legitimate <u>Yes</u>	
8. Date of birth		<u>Sept. 25, 1933</u>		9. Full name		10. Residence (usual place of abode)	
11. Color of face		<u>Bannock 4/4</u>		12. Age at last birthday		<u>44</u> (years)	
13. Birthplace (city or place)		<u>Ft. Hall Res.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farmer</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		<u>Own farm</u>		16. Date (month and year) last engaged in this work		<u>Sept. 25, 1933</u>	
17. Total time (years) spent in this work		<u>21</u>		18. Full maiden name		19. Residence (usual place of abode)	
20. Color of face		<u>Bannock 4/4</u>		21. Age at last birthday		<u>27</u> (years)	
22. Birthplace (city or place)		<u>Ft. Hall Res.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		<u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		<u>Own home</u>		25. Date (month and year) last engaged in this work		<u>Sept. 24, 1933</u>	
26. Total time (years) spent in this work		<u>11</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?		<u>5</u>	
28. Number of children of this mother (At time of this birth and including this child)		<u>3</u>		29. If stillborn, period of gestation		30. Cause of stillbirth	
31. (a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>3</u>		(c) Stillborn <u>2</u>		Before labor	
32. (a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>3</u>		(c) Stillborn <u>2</u>		During labor	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was <u>Born dead</u> at <u>10:30 P.M.</u> on the date above stated.	
(Signed) <u>C. J. Anderson</u> , M. D.	
or <u>Agency Physician</u> , Midwife	
Address <u>Ft. Hall, Idaho.</u>	
Filed <u>Oct. 30, 1933</u> , <u>Mr. J. E. Anderson</u> , Registrar.	





N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED 10V 6 1933		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Ft. Hall Reser-</u> <u>vation.</u>		State File No. <u>86184</u>	
City of <u>Ft. Hall, Idaho.</u>		Registration District No. <u>121-R</u>		Local Registrar's No. <u>141</u>	
(No. <u>Agency Hospital</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Auck. Stillborn</u>					
(a) Residence. No. <u>Ft. Hall, Idaho.</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Bannock Ind.</u>	5. Single, Married, Widowed, Divorced (write the word) <u>4/4</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 25, 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>:</u>				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Ft. Hall, Idaho.</u> (State or country)					
MOTHER FATHER	13. NAME <u>Ray Auck</u>				
	14. BIRTHPLACE (city or town) <u>Ft. Hall Res. Idaho.</u> (State or country)				
	15. MAIDEN NAME <u>Mary Horn</u>				
	16. BIRTHPLACE (city or town) <u>Ft. Hall, Res.</u> (State or country)				
17. INFORMANT <u>Mary Auck.</u> (Address) <u>Ft. Hall, Idaho.</u>					
18. BURIAL, <del>EMERGENCY</del> OR REMOVAL Place <u>Butte, Cem.</u> Date <u>Sept. 27, 1933</u>					
19. UNDERTAKER <u>Agency Carpenter.</u> (Address) <u>Ft. Hall, Idaho.</u>					
20. FILED <u>Oct. 30, 1933</u> <u>Mrs. M. A. E. F. F.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 25, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1933, to _____, 1933.					
I last saw him alive on <u>Stillborn</u> , 1933; death is said to have occurred on the date stated above, at <u>10:40 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Hereditary Syphilis.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>E. J. Middleton</u> , M. D. (Address) <u>Ft. Hall, Idaho.</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

551-24 006-193

RECEIVED NOV 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
216042

1. PLACE OF BIRTH  
County of Bingham  
City of Blackfoot  
No. R.F.D. No. 2 St.

Registration District No. 121 State File No. ....  
Prim. Registration District No. 2194 Local Registrar's No. 241

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn, - Evans.

3. Sex. <u>Female</u>	If plural births {	4. Twin triplet, or other.....	6. Premature <u>yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept. 14, 1933</u> (Month, Day, Year)
		5. Number, in order of birth.....			
9. Full name <u>FATHER</u> <u>William E. Evans</u>			18. Full maiden name <u>MOTHER</u> <u>Gladys Arche</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>28</u> (years)	20. Color or race <u>White</u>		21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or country) <u>Murry Utah</u>			22. Birthplace (city or place) (State or country) <u>Nider, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work <u>Present Time</u> 19.....			25. Date (month and year) last engaged in this work <u>Present Time</u> , 19.....	
17. Total time (years) spent in this work <u>10</u>		26. Total time (years) spent in this work <u>10</u>			
27. Number of children of this mother <u>3</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>					

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. If stillborn, 7 months Premature Before labor.....  
period of gestation..... 7 or week During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) [Signature], M. D.  
was Stillborn at 6: P.m. on the date above stated. or Midwife  
(Born Alive or Stillborn) Address Blackfoot, Idaho

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

Filed Nov 1, 1933 Mo. Nelson Estate  
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECORDED - N - 1 - 11 - 1933

2  
1933  
CERTIFICATE OF BIRTH  
State of Idaho  
Registration District No. 123  
Local Registrar's No. 5432  
Full Name of Child: **William S. Evans**

1. Sex: <b>Male</b>	2. Date of Birth: <b>Sept. 1, 1933</b>	3. Place of Birth: <b>Idaho</b>	4. Name of Father: <b>William S. Evans</b>	5. Name of Mother: <b>Gladys Evans</b>
6. Date of Birth: <b>Sept. 1, 1933</b>	7. Place of Birth: <b>Idaho</b>	8. Name of Father: <b>William S. Evans</b>	9. Name of Mother: <b>Gladys Evans</b>	10. Residence (usual place of abode): <b>Idaho</b>
11. Residence (usual place of abode): <b>Idaho</b>	12. Residence (usual place of abode): <b>Idaho</b>	13. Residence (usual place of abode): <b>Idaho</b>	14. Residence (usual place of abode): <b>Idaho</b>	15. Residence (usual place of abode): <b>Idaho</b>
16. Residence (usual place of abode): <b>Idaho</b>	17. Residence (usual place of abode): <b>Idaho</b>	18. Residence (usual place of abode): <b>Idaho</b>	19. Residence (usual place of abode): <b>Idaho</b>	20. Residence (usual place of abode): <b>Idaho</b>
21. Residence (usual place of abode): <b>Idaho</b>	22. Residence (usual place of abode): <b>Idaho</b>	23. Residence (usual place of abode): <b>Idaho</b>	24. Residence (usual place of abode): <b>Idaho</b>	25. Residence (usual place of abode): <b>Idaho</b>
26. Residence (usual place of abode): <b>Idaho</b>	27. Residence (usual place of abode): <b>Idaho</b>	28. Residence (usual place of abode): <b>Idaho</b>	29. Residence (usual place of abode): <b>Idaho</b>	30. Residence (usual place of abode): <b>Idaho</b>
31. Residence (usual place of abode): <b>Idaho</b>	32. Residence (usual place of abode): <b>Idaho</b>	33. Residence (usual place of abode): <b>Idaho</b>	34. Residence (usual place of abode): <b>Idaho</b>	35. Residence (usual place of abode): <b>Idaho</b>
36. Residence (usual place of abode): <b>Idaho</b>	37. Residence (usual place of abode): <b>Idaho</b>	38. Residence (usual place of abode): <b>Idaho</b>	39. Residence (usual place of abode): <b>Idaho</b>	40. Residence (usual place of abode): <b>Idaho</b>
41. Residence (usual place of abode): <b>Idaho</b>	42. Residence (usual place of abode): <b>Idaho</b>	43. Residence (usual place of abode): <b>Idaho</b>	44. Residence (usual place of abode): <b>Idaho</b>	45. Residence (usual place of abode): <b>Idaho</b>
46. Residence (usual place of abode): <b>Idaho</b>	47. Residence (usual place of abode): <b>Idaho</b>	48. Residence (usual place of abode): <b>Idaho</b>	49. Residence (usual place of abode): <b>Idaho</b>	50. Residence (usual place of abode): <b>Idaho</b>
51. Residence (usual place of abode): <b>Idaho</b>	52. Residence (usual place of abode): <b>Idaho</b>	53. Residence (usual place of abode): <b>Idaho</b>	54. Residence (usual place of abode): <b>Idaho</b>	55. Residence (usual place of abode): <b>Idaho</b>
56. Residence (usual place of abode): <b>Idaho</b>	57. Residence (usual place of abode): <b>Idaho</b>	58. Residence (usual place of abode): <b>Idaho</b>	59. Residence (usual place of abode): <b>Idaho</b>	60. Residence (usual place of abode): <b>Idaho</b>
61. Residence (usual place of abode): <b>Idaho</b>	62. Residence (usual place of abode): <b>Idaho</b>	63. Residence (usual place of abode): <b>Idaho</b>	64. Residence (usual place of abode): <b>Idaho</b>	65. Residence (usual place of abode): <b>Idaho</b>
66. Residence (usual place of abode): <b>Idaho</b>	67. Residence (usual place of abode): <b>Idaho</b>	68. Residence (usual place of abode): <b>Idaho</b>	69. Residence (usual place of abode): <b>Idaho</b>	70. Residence (usual place of abode): <b>Idaho</b>
71. Residence (usual place of abode): <b>Idaho</b>	72. Residence (usual place of abode): <b>Idaho</b>	73. Residence (usual place of abode): <b>Idaho</b>	74. Residence (usual place of abode): <b>Idaho</b>	75. Residence (usual place of abode): <b>Idaho</b>
76. Residence (usual place of abode): <b>Idaho</b>	77. Residence (usual place of abode): <b>Idaho</b>	78. Residence (usual place of abode): <b>Idaho</b>	79. Residence (usual place of abode): <b>Idaho</b>	80. Residence (usual place of abode): <b>Idaho</b>
81. Residence (usual place of abode): <b>Idaho</b>	82. Residence (usual place of abode): <b>Idaho</b>	83. Residence (usual place of abode): <b>Idaho</b>	84. Residence (usual place of abode): <b>Idaho</b>	85. Residence (usual place of abode): <b>Idaho</b>
86. Residence (usual place of abode): <b>Idaho</b>	87. Residence (usual place of abode): <b>Idaho</b>	88. Residence (usual place of abode): <b>Idaho</b>	89. Residence (usual place of abode): <b>Idaho</b>	90. Residence (usual place of abode): <b>Idaho</b>
91. Residence (usual place of abode): <b>Idaho</b>	92. Residence (usual place of abode): <b>Idaho</b>	93. Residence (usual place of abode): <b>Idaho</b>	94. Residence (usual place of abode): <b>Idaho</b>	95. Residence (usual place of abode): <b>Idaho</b>
96. Residence (usual place of abode): <b>Idaho</b>	97. Residence (usual place of abode): <b>Idaho</b>	98. Residence (usual place of abode): <b>Idaho</b>	99. Residence (usual place of abode): <b>Idaho</b>	100. Residence (usual place of abode): <b>Idaho</b>

11. Number of children of this mother: **2**  
12. Date of birth and inclusion of this child: **Sept. 1, 1933**  
13. What prophylactic was used to prevent Ophthalmia Neonatorum?  
14. Cause of stillbirth: **Transverse**  
15. Period of gestation: **7 months**  
16. I hereby certify that I attended the birth of this child, who (Signed) **Midwife**  
17. Address: **Idaho**  
18. Date: **Sept. 1, 1933**  
19. Filed: **1933**  
20. Registrar's Signature: **Midwife**

RECEIVED OCT 9 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

85866

State File No. ....

## PLACE OF DEATH

County of *Bingham*City of *Thomas Rich*

## CERTIFICATE OF DEATH

Registration District No. *121*-Primary Registration District No. *2194*Local Registrar's No. *134*

(No. ....)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Stethorn - Erano Unmarried.*

(a) Residence. No. ....

St. ....

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. ....

mos. ....

ds. ....

How long in U. S. if of foreign birth? yrs. ....

mo. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. COLOR OR RACE *white*

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,  
hrs. or  
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work *none*(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country) *Thomas, Idaho*10. NAME OF FATHER *William E. Eogus*11. BIRTHPLACE OF FATHER (city or town)  
(State or Country) *Murray, Utah*12. MAIDEN NAME OF MOTHER *Globe. Arche*13. BIRTHPLACE OF MOTHER (city or town)  
(State or Country) *Nichols, Idaho*14. Informant  
(Address) *William E. Erano*  
*Blackfoot, Idaho*15. Filed *Sept 14, 1933*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Sept 14, 1933*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*Sept 14, 1933 to Sept 14, 1933*  
that I last saw *he* alive on *Sept 14, 1933*and that death occurred, on the date stated above, at *7 a. m.*\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT  
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)  
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:*Premature Six Month*  
*due to overwork.*

(duration) yrs. ....

mos. ....

ds. ....

CONTRIBUTORY  
(Secondary)

(duration) yrs. ....

mos. ....

ds. ....

18. Where was disease contracted  
if not at place of death?Did an operation precede death? *no* Date of *Sept 14, 1933*Was there an autopsy? *no*What test confirmed diagnosis? *Autopsy*(Signed) *Dr. F. B. Mitchell* M. D.  
*Sept 14, 1933* (Address) *Blackfoot, Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Common - Burial* *9-14-33*

20. Undertaker

Address

*None*

PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  
Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED NOV 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 216184

1. PLACE OF BIRTH  
County of Franklin  
City of Preston  
No. 1 St. Wm. Wm. Hays

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 72

2. FULL NAME OF CHILD Baby McQueen (Stillborn)

3. Sex Female (If plural births) 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Oct 11, 1933 (Month, Day, Year)

9. Full name FATHER James B. McQueen

18. Full maiden name MOTHER Leah Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Preston

19. Residence (usual place of abode) (If non-resident, give place and State) Preston

11. Color or race \_\_\_\_\_ 12. Age at last birthday 48 (years)

20. Color or race \_\_\_\_\_ 21. Age at last birthday 48 (years)

13. Birthplace (city or place) (State or country) Preston

22. Birthplace (city or place) (State or country) Derby England

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hu

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public School

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn ✓

29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth Protracted labor Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Signed) G. W. State, M. D.

or \_\_\_\_\_, Midwife

Address Preston Idaho

Filed Nov 8, 1933 G. W. State Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED

PLACE OF DEATH  
County of Franklin  
City of Preston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 87022

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. 40

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn McQueen

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/11/33

7. AGE Years Months Days If LESS than 1 day, .... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho  
(State or country)

MOTHER FATHER

13. NAME James B. McQueen

14. BIRTHPLACE (city or town) Preston Ida.  
(State or country)

15. MAIDEN NAME Leah Smith

16. BIRTHPLACE (city or town) Derby, England.  
(State or country)

17. INFORMANT James B. McQueen  
(Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place Preston Ida. Date 10/11/33

19. UNDERTAKER  
(Address)

20. FILED 9. W. State, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1933

22. I HEREBY CERTIFY, That I attended deceased from .....

....., 1933, to ....., 1933.

I last saw h..... alive on ....., 1933: death is said

to have occurred on the date stated above, at ....., m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillbirth  
Prematurity

Other contributory causes of importance:

Placenta Previa

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 1933.

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. R. Currier, M. D.(Address) Preston Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED NOV 13 1933

Idaho State Board of Health  
BUREAU OF VITAL STATISTICS  
STANDARD BIRTH CERTIFICATE

State Index No. \_\_\_\_\_

Local Registered No. **216261**

1. PLACE OF BIRTH  
**855-217 027 239**

County **Jerome** State **Idaho**  
Registration District **18** or Village \_\_\_\_\_  
City **Jerome** No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its name instead of street and number)  
(If child is not yet named, make supplemental report, as directed)

2. Full name of child \_\_\_\_\_

3. Sex **F** If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature **yes** Full term \_\_\_\_\_ 7. Legitimate? **yes** 8. Date of birth **Oct 17**, 1933  
(Month, day, year)

9. Full name **FATHER** **Rex Henderson** 18. Full maiden name **MOTHER** **Clara Strock**

10. Residence (usual place of abode) **Jerome Ida** 19. Residence (usual place of abode) **Jerome Ida**  
(If nonresident, give place and State)

11. Color or race **white** 12. Age at last birthday **47** (Years) 20. Color or race **white** 21. Age at last birthday **40** (Years)

13. Birthplace (city or place) **Correctionville Iowa** 22. Birthplace (city or place) **Boulder Colorado**  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housekeeper**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **For self** 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. **own home**

16. Date (month and year) last engaged in this work **Oct 1933** 17. Total time (years) spent in this work **23** 25. Date (month and year) last engaged in this work **Oct 1933** 26. Total time (years) spent in this work **23**

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **9** (b) Born alive but now dead **1** (c) Stillborn **2**

28. If stillborn, period of gestation **6** months or weeks (b) Before labor **yes** 29. Cause of stillbirth \_\_\_\_\_ (c) During labor **yes**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Stillborn** at **7:30 P.** m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

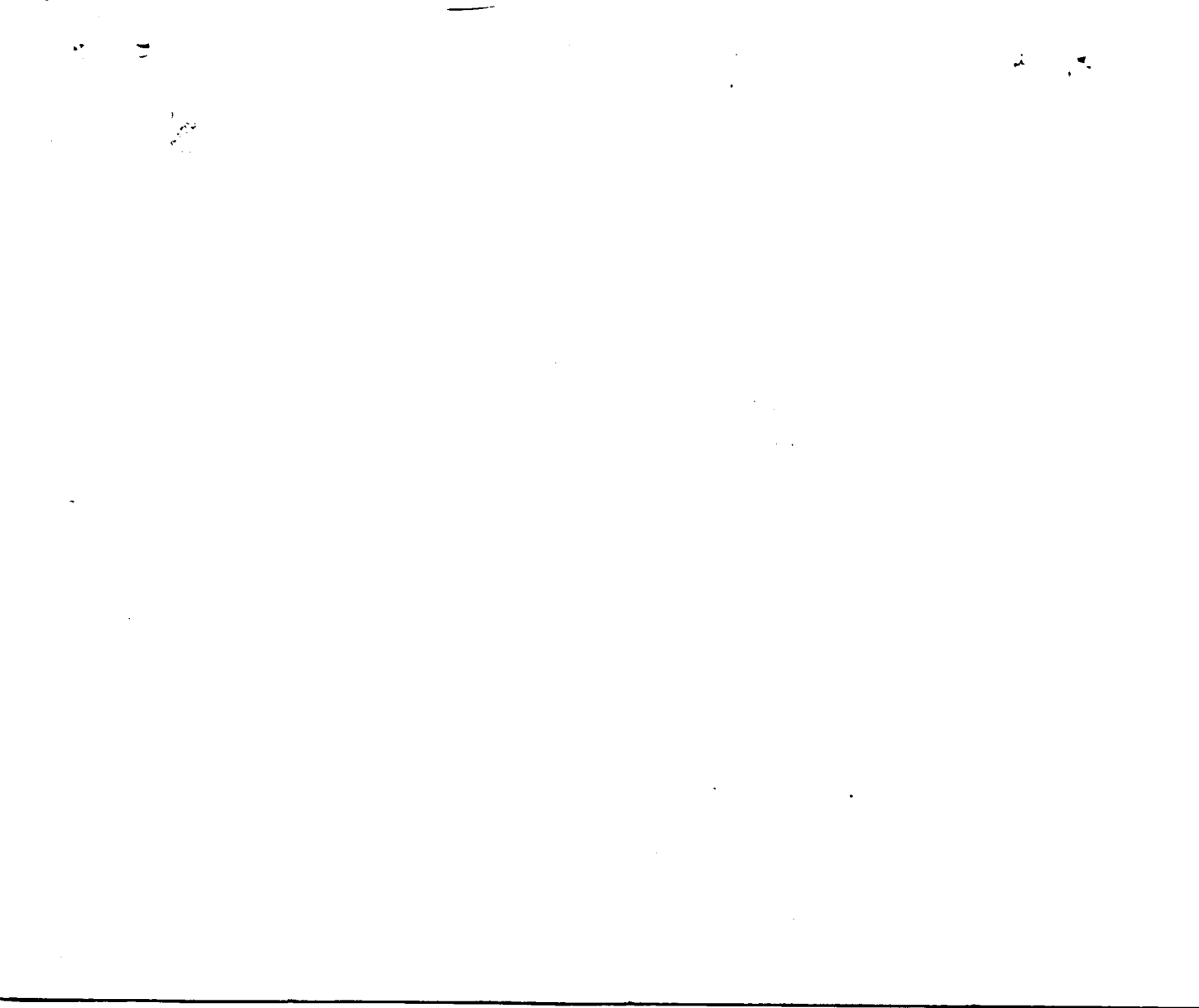
(Signed) **Reuben C. Matson**, M. D.

or \_\_\_\_\_, Midwife

Address **Jerome Idaho**

Filed **10/25, 1933** **Chas F. Zeller** Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 13 1933

## PLACE OF DEATH

County of Jerome

City of .....

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 18

Primary Registration District No. ....

DO NOT WRITE IN THIS SPACE

86300

State File No. ....

Local Registrar's No. ....

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Henderson

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 17, 1933

7. AGE Years Months Days If LESS than 1 day, .... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome Idaho  
(State or country)13. NAME Ref Henderson14. BIRTHPLACE (city or town) Iowa  
(State or country)15. MAIDEN NAME Clara Strock16. BIRTHPLACE (city or town) Colorado  
(State or country)17. INFORMANT Ref Henderson  
(Address) Jerome Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Date , 19319. UNDERTAKER  
(Address)20. FILED 10/27, 1933 Chas H Zeller  
Reg Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from .....  
....., 193....., to Oct 17, 1933

I last saw h..... alive on....., 193.....: death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Stillborn - due to  
Toxemia of mother 10-17-33

Other contributory causes of importance:

Name of operation..... no Date of..... noWhat test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 193.....

Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harben C. Matson, M.D.(Address) Jerome Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED NOV 18 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
216361

1. PLACE OF BIRTH  
County of Madison  
City of Rexburg  
No. 35-W-1-North St.  
553-206 033 289  
(If born in hospital or institu-  
tion give name.)

Registration District No. 100 State File No. ....  
Prim. Registration District No. 2128 Local Registrar's No. 126

2. FULL NAME OF CHILD

3. Sex. <u>Female</u>	If plural births	4. Twin triplet, or other.....	6. Premature <input checked="" type="checkbox"/>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>10 6</u> 193 <u>3</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....		

9. Full name <u>David William Nelson</u>	FATHER	18. Full maiden name <u>Grace Byron</u> <u>BYRON</u>	MOTHER
---	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rexburg</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rexburg</u>
--	--

11. Color of race <u>White</u>	12. Age at last birthday <u>49</u> (years)	20. Color of race <u>White</u>	21. Age at last birthday <u>35</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or country) <u>Utah</u>	22. Birthplace (city or place) (State or country) <u>Utah</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>County Superintendent Schools</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, saw- mill, bank, etc. <u>Teacher</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....
---	---

16. Date (month and year) last engaged in this work	17. Total time (years) ....., 19..... spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) ....., 19..... spent in this work
--	---	--	---

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. If stillborn, period of gestation <u>6 1/2</u> { months or weeks	29. Cause of stillbirth <u>Hydramnios</u>	Before labor <input checked="" type="checkbox"/> During labor <input type="checkbox"/>
--	---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who  
was Stillborn at 9:30 a.m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Lois A. Rich, M. D.  
or Rexburg Idaho Midwife  
Address Rexburg Idaho  
Filed Nov 7, 1933 J. K. Young Registrar

[When there was no attending physician or midwife, then  
the father, householder, etc., should make this return.]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth,  
a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



1. PLACE ON HEAD

2 STATE OF IDAHO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		CERTIFICATE OF DEATH		State File No. <u>86359</u>	
City of <u>Rexburg</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>59</u>	
		Primary Registration District No. <u>2178</u>			
(No. <u>205</u> ) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Nelson</u>					
(a) Residence. No. <u>135 - W - 1st North</u> St. <u>Rexburg Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>3</u> <u>0</u> <u>0</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Rexburg Idaho</u>					
FATHER	13. NAME <u>David William Nelson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
MOTHER	15. MAIDEN NAME <u>Grace Byrnes</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>				
17. INFORMANT <u>Louis St. Rich</u> (Address) <u>Rexburg Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rexburg</u> Date <u>Oct 7, 1933</u>					
19. UNDERTAKER <u>John A. Kelly</u> (Address) <u>100 W. 1st St. Rexburg Idaho</u>					
20. FILED <u>2007</u> , 1933. <u>J. P. Young</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-6-</u> 1933					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-6-</u> , 1933, to <u>10-6-</u> , 1933.					
I last saw him alive on <u>Sept 30</u> , 1933; death is said to have occurred on the date stated above, at <u>9 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Immature birth</u>					
<u>Not viable</u>					
Other contributory causes of importance: <u>Hydramnios of Mother</u>					
Name of operation <u>none</u> Date of <u>none</u>					
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>none</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>none</u> Date of injury <u>none</u> , 1933					
Where did injury occur? <u>none</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>none</u>					
Manner of injury <u>none</u>					
Nature of injury <u>none</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>none</u>					
If so, specify <u>Louis St. Rich</u> (Signed) <u>10-6-33</u> , <u>Rexburg Idaho</u> M. D.					
(Address) <u>Rexburg Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

**RECEIVED NOV 10 1913**

**STATE OF IDAHO**  
**DEPARTMENT OF PUBLIC WELFARE**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF BIRTH** **S**  
**216367**

1. **PLACE OF BIRTH**  
County of Blaine  
City of Paul  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

Registration District No. 19 State File No. \_\_\_\_\_

Prim. Registration District No. 2013 Local Registrar's No. 154

2. **FULL NAME OF CHILD** Stillborn

3. Sex M { If plural births } 4. Twin, triplet, or other X 5. Number, in order of birth \_\_\_\_\_ 6. Premature No 7. Legitimate Yes 8. Date of birth 8-12-1913 (Month, Day, Year)

9. Full name Clarence J. Chapsaddle **FATHER** 18. Full maiden name Ida Plummer **MOTHER**

10. Residence (usual place of abode) (If non-resident, give place and State) Paul 19. Residence (usual place of abode) (If non-resident, give place and State) Paul

11. Color or race W. 12. Age at last birthday 39 (years) 20. Color or race W. 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Paul, Blaine Co., Idaho 22. Birthplace (city or place) (State or country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Prof.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 full term months or weeks } 30. Cause of stillbirth Placental Separation on second stage of labor Before labor. \_\_\_\_\_ During labor. \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ a. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_

M. D.

or \_\_\_\_\_

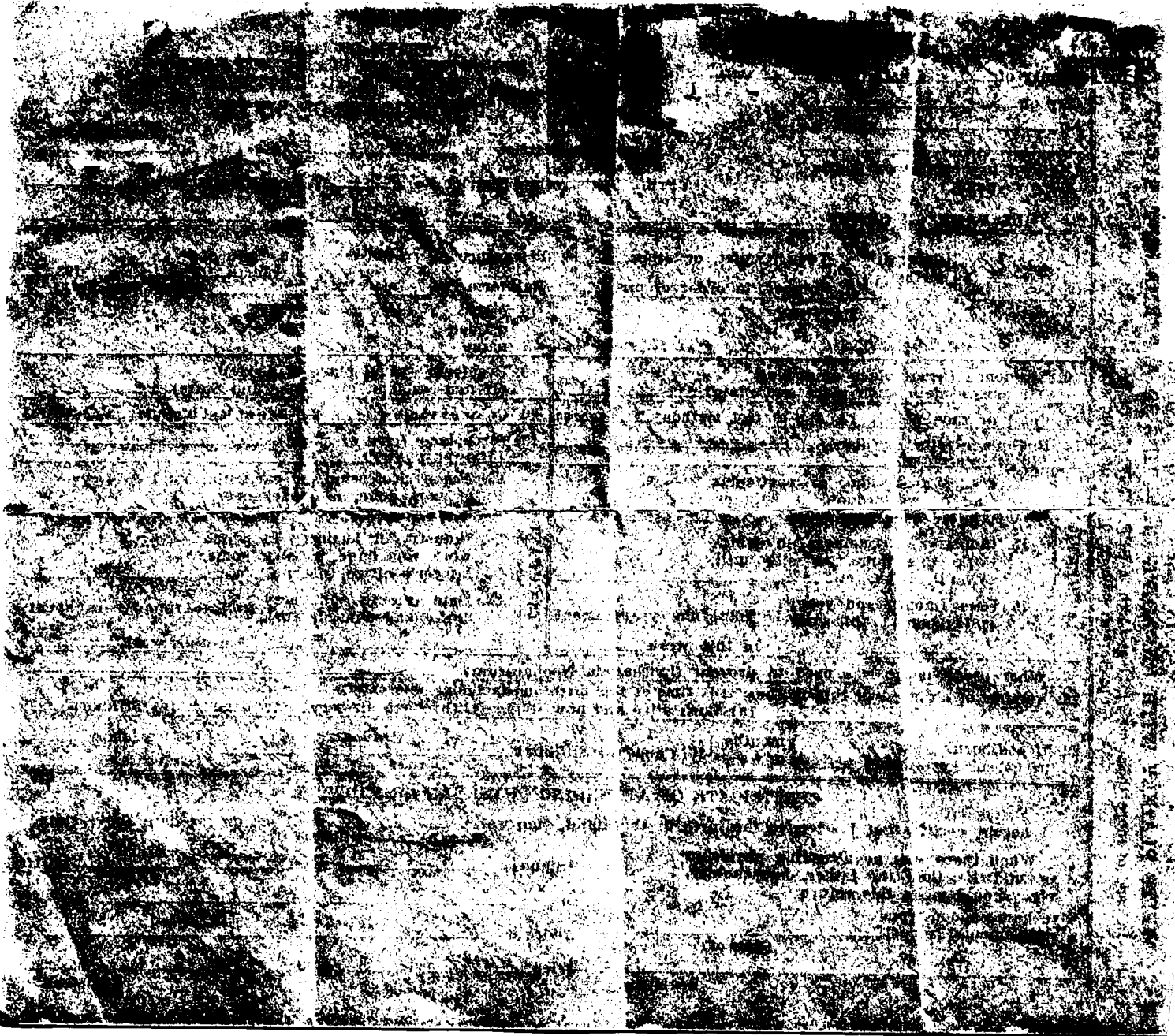
Midwife

Address \_\_\_\_\_

Filed \_\_\_\_\_

Nov 5, 1913

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

PLACE OF DEATH  
County of Minnesota  
City of Hayburn  
Registration District No. 19  
Primary Registration District No. 2010

DO NOT WRITE IN THIS SPACE

State File No. 86362Local Registrar's No. 42(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Gus Omer(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 12 - 19337. AGE Years Months Days If LESS than  
still. 1 day, hrs. min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Hayburn  
(State or country)13. NAME Clarence Omer14. BIRTHPLACE (city or town) Iowa  
(State or country)15. MAIDEN NAME Ida May Plum16. BIRTHPLACE (city or town) Iowa  
(State or country)17. INFORMANT Clarence Omer  
(Address) Paul Ida18. BURIAL, CREMATION, OR REMOVAL Paul, Ida  
Place Date Aug 13, 193319. UNDERTAKER Alan Goodman  
(Address)20. FILED 11-7, 1933 Ed E. Hinson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12, 193322. I HEREBY CERTIFY, That, I attended deceased from  
I. till, 1933, to Burton, 1933.I last saw him alive on \_\_\_\_\_, 1933; death is said  
to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance  
were as follows:Placental Separation  
during Parturition  
(second stage)

Other contributory causes of importance:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) I. H. Hunter, M. D.(Address) Burton Ida

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED NOV 2 1935

S

1. PLACE OF BIRTH

County of Payette  
City of New Plymouth  
No. .... St. ....

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS 216417  
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

Registration District No. 4 State File No. ....

Prim. Registration District No. 1008 Local Registrar's No. 101

2. FULL NAME OF CHILD Stillborn Reagon

3. Sex. <u>Male</u>	If plural births {	4. Twin triplet, or other.....	6. Premature.....	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct 13</u> , 193 <u>5</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....		

9. Full name FATHER  
John Bryant Reagon

18. Full maiden name MOTHER  
Elsie Nadine Paxton

10. Residence (usual place of abode)  
(If non-resident, give place and State) New Plymouth

19. Residence (usual place of abode)  
(If non-resident, give place and State) New Plymouth

11. Color or race W 12. Age at last birthday 2.5 (years)

20. Color or race W 21. Age at last birthday 2.9 (years)

13. Birthplace (city or place) Cowan  
(State or country) Tenn

22. Birthplace (city or place) Joplin  
(State or country) Mo

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work  
....., 19..... spent in this work.....

25. Date (month and year) last engaged in this work  
....., 19..... spent in this work.....

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. If stillborn, { months or weeks } Before labor.....  
period of gestation..... { During labor.....

29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) E. E. Paxton, M. D.  
was Stillborn at 1 A.m. on the date above stated. or ..... Midwife  
(Born Alive or Stillborn) Address Payette Idaho

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]  
Filed 10/30, 1935 J. C. Woodward Registrar.



**CERTIFICATE OF BIRTH**

**DEPARTMENT OF PUBLIC WELFARE**

**BUREAU OF STATISTICS**

**STATE OF ILLINOIS**

Registration District No. \_\_\_\_\_

County \_\_\_\_\_

Full name of child \_\_\_\_\_

Sex \_\_\_\_\_

Age at last birthday \_\_\_\_\_ years

Birthplace (city or place) \_\_\_\_\_

Color or race \_\_\_\_\_

Residence (name, place of abode) \_\_\_\_\_

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

Date (month and year) \_\_\_\_\_

Last engaged in this work \_\_\_\_\_

Spent in this work \_\_\_\_\_

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Period of gestation \_\_\_\_\_

Causes of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

After labor \_\_\_\_\_

When there was no attending physician or midwife, then the father, grandfather, etc. should make this return.

Filed \_\_\_\_\_

Address \_\_\_\_\_

at \_\_\_\_\_ m. on the date above stated

I hereby certify that I attended the birth of this child, who (Signed) \_\_\_\_\_

Midwife \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

When there was no attending physician or midwife, then the father, grandfather, etc. should make this return.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED NOV 2 1934

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of PayetteCity of New Plymouth

## CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008State File No. 86391Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Reazor(a) Residence. No.        St.       

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 13 - 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) New Plymouth  
(State or country) Idaho

FATHER

13. NAME John Bryant Reazor14. BIRTHPLACE (city or town) Cowan  
(State or country) Tenn

MOTHER

15. MAIDEN NAME Elsie Nadine Gaston16. BIRTHPLACE (city or town) Joplin  
(State or country) Mo17. INFORMANT John Bryant Reazor  
(Address) New Plymouth Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place        Date       , 193       19. UNDERTAKER  
(Address)       20. FILED Oct 30, 193 380 Woodward Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 19322. I HEREBY CERTIFY, That I attended deceased from             , 193       , to       , 193       I last saw h. .... alive on       , 193       ; death is saidto have occurred on the date stated above, at        m.The principal cause of death and related causes of importance  
were as follows:

Date of onset

Other contributory causes of importance:

Name of operation        Date of       What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 193       Where did injury occur?         
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place.       Manner of injury       Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?

If so, specify       (Signed) B. B. Paxton, M. D.(Address) Payette Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED NOV 13 1934

1. PLACE OF BIRTH

County of SHOSHONE  
City of KELLOGG

No. None St. None

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

216445

Registration District No. 123 State File No. 2201

Prim. Registration District No. 2201 Local Registrar's No. 107

2. FULL NAME OF CHILD Baby Frisbie

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>9-19-33</u> , 1933 (MONTH, DAY, YEAR)
9. Full name <u>Amos Frisbie</u>	FATHER		18. Full maiden name <u>Fleanor Sandow</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kellogg</u>		
11. Color or race <u>Am.</u>		12. Age at last birthday <u>24</u> (years)	20. Color or race <u>Am.</u>		21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) <u>Oklahoma</u> (State or country)			22. Birthplace (city or place) <u>Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>33</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>33</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			26. Total time (years) spent in this work		
28. If stillborn, <u>nine</u> months or weeks period of gestation			29. Cause of stillbirth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 AM on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) W. L. Lacey, M. D.

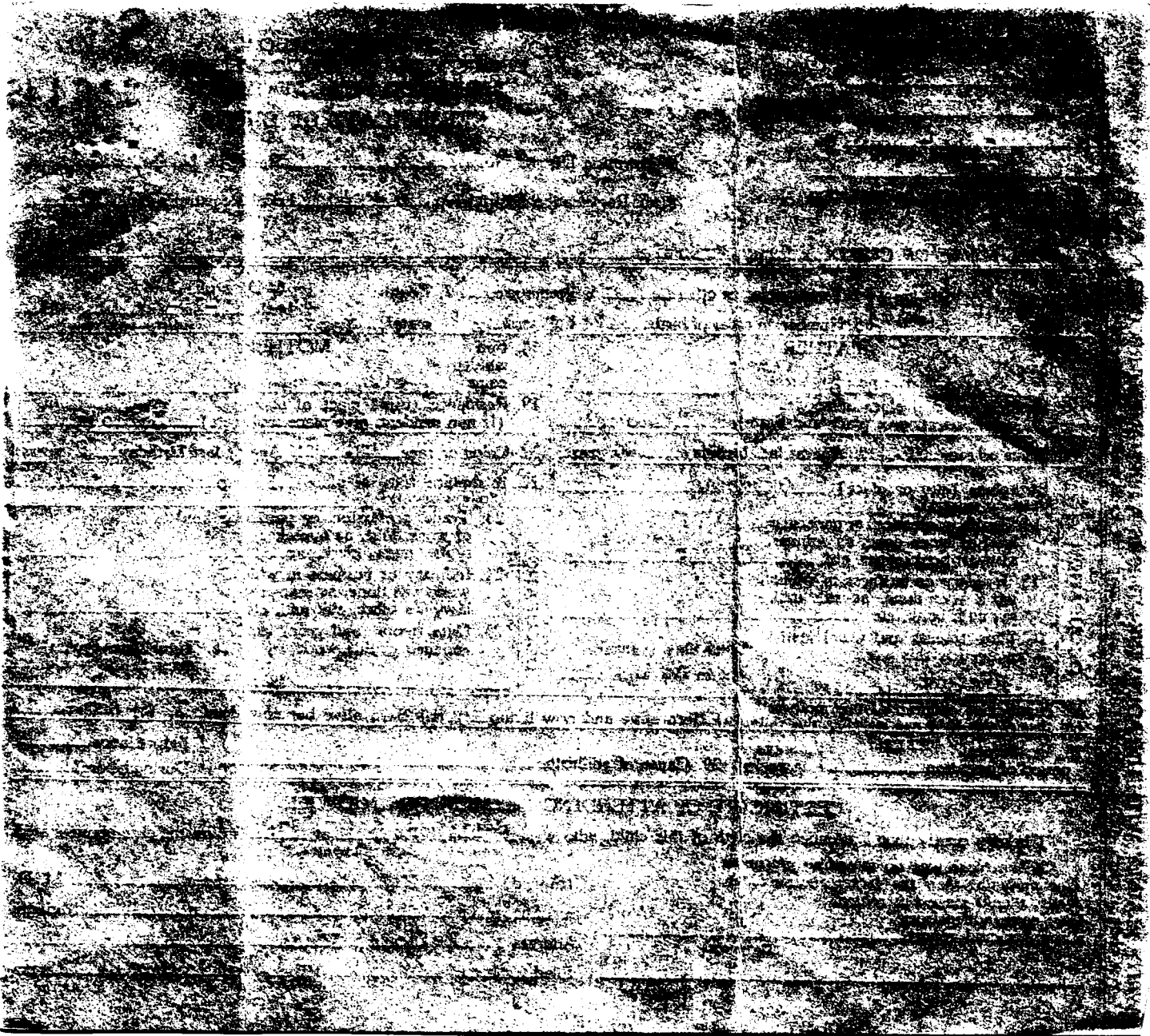
or \_\_\_\_\_ Midwife

Address Kellogg, Idaho

Filed Nov. 10, 1933 Mrs. Helen M. Brade

Registrar.

Registrar.



RECEIVED OCT 10 1933

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

86072

County of ShoshoneCity of KelloggRegistration District No. 123Primary Registration District No. 2201

State File No. ....

Local Registrar's No. 50(No. ....  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Wm. Frishee

(a) Residence. No. .... St. ....

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,  
or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or .... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Kellogg, Ida

MOTHER FATHER

13. NAME

Amos Frishee14. BIRTHPLACE (city or town)  
(State or country)Commerce  
Okla

15. MAIDEN NAME

Eleanor Sanders16. BIRTHPLACE (city or town)  
(State or country)Kellogg, Ida17. INFORMANT  
(Address)Mrs. A. Frishee18. BURIAL, CREMATION, OR REMOVAL  
PlaceKellogg - Idaho  
Sept. 19 193319. UNDERTAKER  
(Address)Kellogg, Idaho

20. FILED

Oct. 10, 1933  
Mrs. Helen J. Frishee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

193

22. I HEREBY CERTIFY, That I attended deceased from  
Sept 19, 1933, to Sept 19, 1933.I last saw h. .... alive on Sept 19, 1933; death is said  
to have occurred on the date stated above, at Sept 19 m.The principal cause of death and related causes of importance  
were as follows:Still born Premature  
detachment of placenta

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 193

Where did injury occur?  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.(Address) Kellogg, Idaho

MARGIN RESERVED FOR BINDING

N.B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

## 1. PLACE OF BIRTH

County of SHOSHONE 219-114  
City of KELLOGG 040-446  
No. \_\_\_\_\_ St. \_\_\_\_\_

~~ROSS MATERNITY HOME~~  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Registration District No. 123 State File No. \_\_\_\_\_

Prim. Registration District No. 2201 Local Registrar's No. 111

2. FULL NAME OF CHILD BABY BARNHART

3. Sex <u>MALE</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>10-14-33</u> , 1933 (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>Elwood Barnhart</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Osborne</u>			18. Full maiden name <u>MOTHER</u> <u>Dora May Duffy</u>		
11. Color or race <u>m.</u>	12. Age at last birthday <u>22</u> (years)			20. Color or race <u>Am.</u>		
13. Birthplace (city or place) (State or country) <u>Idaho</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			22. Birthplace (city or place) (State or country) <u>Idaho</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work <u>Present</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
17. Total time (years) spent in this work _____	18. Total time (years) spent in this work _____			25. Date (month and year) last engaged in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	28. If stillborn, <u>five</u> months or weeks period of gestation _____			29. Cause of stillbirth <u>Prematurity</u>		
						Before labor _____ During labor _____

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at \_\_\_\_\_ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

(Signed) J. D. Mason, M. D.

or \_\_\_\_\_, Midwife

Address Kellogg Idaho

Filed Nov. 10, 1933 Mrs. Helen M. Paul

Registrar.

Registrar.



STATE OF CALIF.

INVESTIGATION

OFFICE OF ATTORNEY GENERAL

REPORT OF THE ATTORNEY GENERAL  
ON THE PROCEEDINGS OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN THE MATTER OF THE  
LANDS BELONGING TO THE  
STATE OF CALIFORNIA

**MARGIN RESERVED FOR BINDING**

(Address) 10450 1st Ave. N.E.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

County of Bannock  
City of Pocatello

No. 101 South Johnson St.

Pocatello General Hospital

(If born in hospital or institution give name.)

Registration District No. 28

State File No. 474

Prim. Registration District No. 2161

Local Registrar's No. 474

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and Number in order of birth <u>No</u>	Legitimate? <u>No</u>	Date of birth <u>November 24</u> , 19 <u>33</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth One (a) Born alive and now living None  
Born alive but now dead None Stillborn One

FATHER  
FULL NAME  
Residence (Usual place of abode)  
If non-resident, give place and State  
Color or race Age at last birthday (Years)  
Birthplace (City and State or County)  
Occupation

MOTHER  
FULL MAIDEN NAME Victoria D. Philips  
Residence (Usual place of abode) 533 North 5th  
If non-resident, give place and State  
Color or race Italian Age at last birthday 17 (Years)  
Birthplace Pocatello, Idaho (City and State or County)  
Occupation Not working

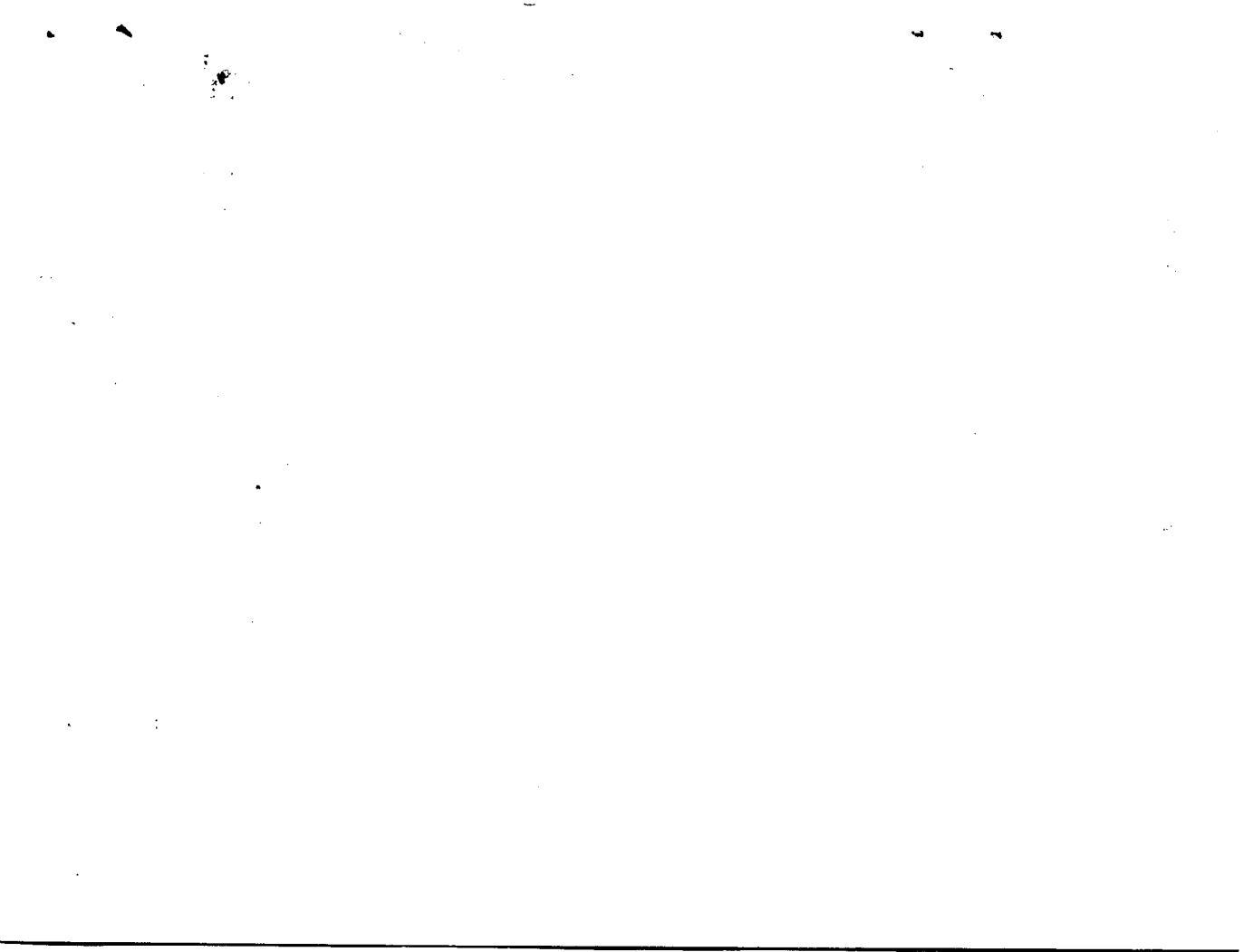
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 A. M. on the date above stated.

(Signature) [Signature]

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Pocatello, Idaho  
Filed 12-8 1933 [Signature] Registrar.



RECEIVED

1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

86504

State File No. ....

## PLACE OF DEATH

County of BannockCity of PocatelloRegistration District No. 28Primary Registration District No. 2161(No. General)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 218

## 2. FULL NAME

(a) Residence. No. 533 1/2 5th St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. Single, Married, Widowed, or Divorced (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day and year) Nov 24 - 33

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. or min. \_\_\_\_\_

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Pocatello  
(State or country) Idaho10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (city or town) Unknown  
(State or Country) \_\_\_\_\_12. MAIDEN NAME OF MOTHER Victoria Dr Phillips13. BIRTHPLACE OF MOTHER (city or town) Pocatello  
(State or Country) \_\_\_\_\_14. Informant Mrs Daniel Ferri  
(Address) 533 1/2 5th15. Filed 12-3, 1933 D C Ray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

Nov 24 1933  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Nov 24, 1933  
that I last saw him still born, 1933

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

still bornCONTRIBUTORY Premature (6 mo)  
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? Yes Date of \_\_\_\_\_Was there an autopsy? YesWhat test confirmed diagnosis Culture  
(Signed) W. B. Ferri M. D.11-26, 1935 (Address) Pocatello, Idaho

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mountainview Date of Burial Nov 25 193320. Undertaker Byron B. Downard Address Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH BAINBOCK  
County of POCATELLO  
City of POCATELLO IDAHO  
No. 1022 South 7th St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**S**  
216650

CERTIFICATE OF BIRTH

AT HOME  
(If born in hospital or institution give name.)

Registration District No. 28 State File No. 470

Prim. Registration District No. 2161 Local Registrar's No. STILL BORN

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>MALE</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>YES</u>	Date of birth <u>11</u> <u>17</u> <u>33</u> (Month) (Day) (Year)
--------------------------	--	-----	--------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? 1 Ag. No. 3

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead 0 Stillborn 0

FATHER  
FULL NAME JACOB D. MEYERS  
Residence  
(Usual place of abode) 1022 SOUTH 7th  
If non-resident,  
give place and State  
Color or race white Age at last birthday 39  
Birthplace PROVINCE UTAH  
(City and State or County)  
Occupation PLUMBER

MOTHER  
FULL NAME IRIDA PIPER  
Residence  
(Usual place of abode) 1022 South 7th  
If non-resident,  
give place and State  
Color or race WHITE Age at last birthday 33  
Birthplace SALT LAKE CITY UTAH  
(City and State or County)  
Occupation HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 P.M. on the date above stated.

Still born, asphyxiation

(Signature) William Howard M.D.  
POCATELLO, IDAHO

(Physician or midwife)

(\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Address D. C. Ray

Filed 128 1933 D. C. Ray  
Registrar.



no 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

S

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

County of Bingham  
City of Shelley  
No. 2 St.

CERTIFICATE OF BIRTH 216731

Registration District No. 121 State File No. 393

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 393

FULL NAME OF CHILD Vernon Anderson (Stillborn)  
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Dec-9</u> <u>33</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silph

Number of child of this mother including present birth 11 (a) Born alive and now living 7

Born alive but now dead 4 Stillborn 0

FATHER FULL NAME <u>Lewis H. Anderson</u>	MOTHER FULL MAIDEN NAME <u>Eva M. Mathews</u>
--	--

Residence (Usual place of abode) Woodville

It non-resident, give place and State Ida

Color or race White Age at last Birthday 42

Birthplace Woodville (City and State or County) Ida

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 M. on the date above stated.

(Signature) F. G. McRobert

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Shelley, Ida  
Filed Dec 5 1933 M. Mathews Registrar.

ИТНБ-ТО СТАВЕТНО

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

10

10

10

It is not in the public interest to release this information.

SECRET

100-443887-100

(U) [REDACTED]

Number of child of this mother

14-00000

10-10-68

11 52A. 10 101(2)

Occupation

# INTENSIS

on the date and place stated.

of mistake then the father  
of him there was no accident

etc. would make this return  
child is one that rather  
shows other evidence of the

\_\_\_\_\_

(a) \_\_\_\_\_ of child of this mother (including present birth \_\_\_\_\_)

SECRET

100-443888-100

7718. 10/10/1968-10/11/1968

(Color of hair) \_\_\_\_\_  
Age at last birthday \_\_\_\_\_  
Birthplace \_\_\_\_\_

Occupation \_\_\_\_\_

I hereby certify that I attended the trial of this child, who was

(SECRET)

It should note that within a neighborhood or block there are no alternative providers.

[illegible]

\_\_\_\_\_

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

County of Kingman  
City of Shelley

Registration District No. 121  
Primary Registration District No. 2194

State File No. 86542

Local Registrar's No. 166

(No. ....  
In a hospital or institution, give its name instead of street and number.)

2. FULL NAME: Hermon Anderson (Sullivan) 100

(a) Residence. No. Woodville Idn St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 9 1933  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from  
Mar 9, 1933, to Mar 9, 1933,  
that I last saw him alive on Mar 9, 1933,  
and that death occurred, on the date stated above, at 7:40 p.m.

The CAUSE OF DEATH\* was as follows:

Ischaemically Choked  
by Cord in Birth  
(duration) yrs. mos. ds.  
CONTRIBUTORY ☒  
(Secondary)  
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? ☒ Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John W. Jones M. D.

1923 (Address) 414 1/2

SS of heavy fl.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10 - Place of Burial, Cremation or Removal	Date of Burial
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100-111-10-193

15. Filed Nov 11, 1933 James H. Baker & Valance Registrar

20. Undertaker	Address
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Journal.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED DEC 1 1933

County of Canyon  
City of Wesley

No. 693-106-014-814 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S  
216888

Registration District No. 2007 State File No. \_\_\_\_\_

Prim. Registration District No. 3 Local Registrar's No. 114

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature — 7. Legitimate? yes 8. Date of birth Feb 6, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER Johnathan W. Wilson

18. Full maiden name MOTHER Margaret Hamilton 36

10. Residence (usual place of abode) (If non-resident, give place and State) Wesley

19. Residence (usual place of abode) (If non-resident, give place and state) Wesley

11. Color or race W 12. Age at last birthday 44 (years)

20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or country) Greenville County Georgia

22. Birthplace (city or place) (State or country) Perryville Kentucky

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth newborn Before labor yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Johnathan W. Wilson at 6 A. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert E. Todd M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_

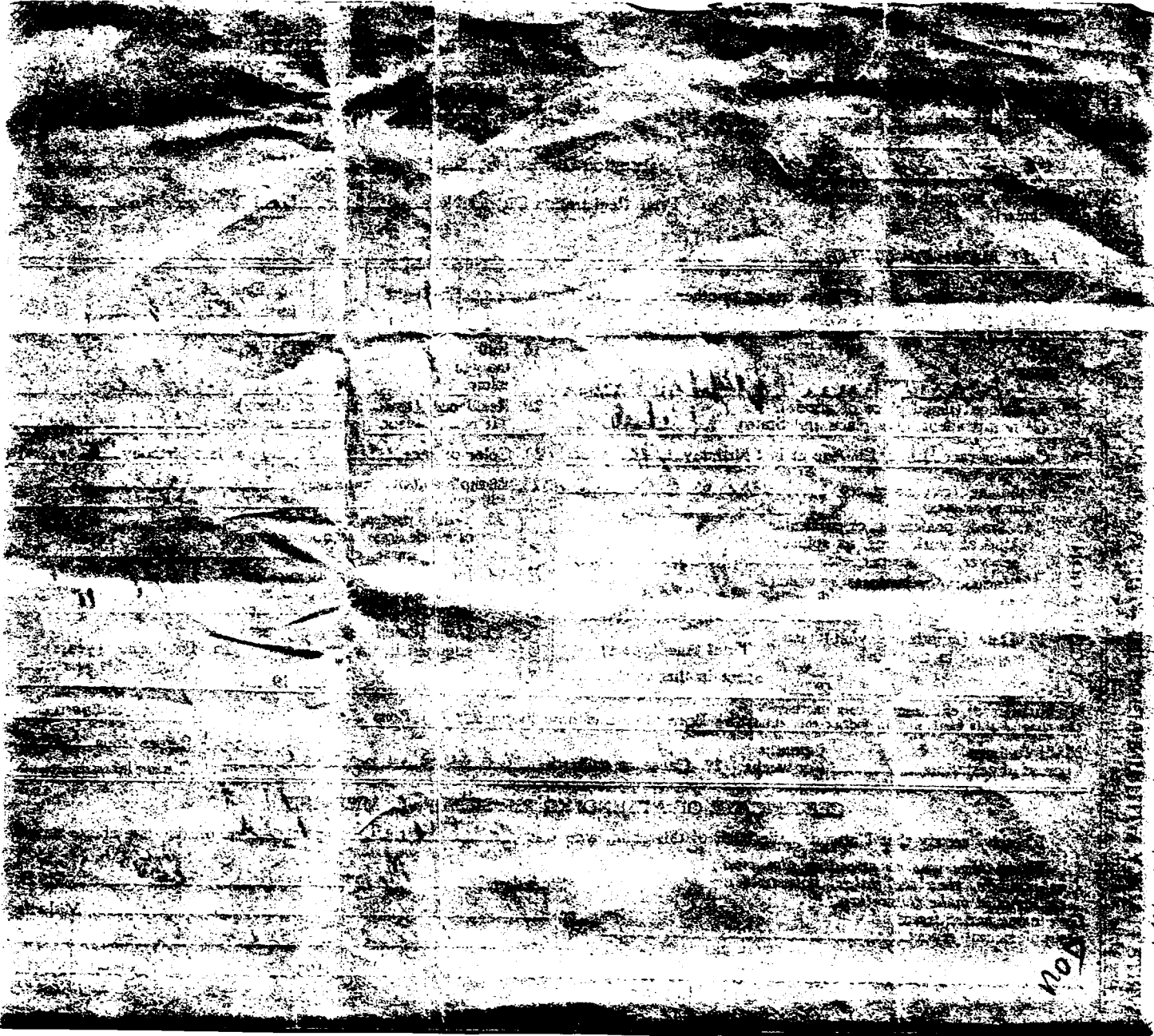
Address Wesley

Filed Nov 13, 1933 E. H. Furries

(DATE OF)

Registrar.

Registrar.



NOV

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Chautauque  
City of Profess RFD  
No. 779-2031068-279 St. 279

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S216973

Registration District No. 90 State File No. 99

Prim. Registration District No. 2157 Local Registrar's No. 99

2. FULL NAME OF CHILD

Betty Lou

Grimm

3. Sex female If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature 20 7. Legitimate yes 8. Date of birth 11-3-1933 (Month, Day, Year)

9. Full name Ralph August Grimm FATHER  
10. Residence (usual place of abode) Profess RFD  
(If non-resident, give place and State)  
11. Color or race white 12. Age at last birthday 27 (years)  
13. Birthplace (city or place) Idaho Falls  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch  
16. Date (month and year) last engaged in this work now, 1933  
17. Total time (years) spent in this work all life

18. Full maiden name Elizabeth Kathryn Spriggs MOTHER  
19. Residence (usual place of abode) Profess RFD  
(If non-resident, give place and State)  
20. Color or race white 21. Age at last birthday 27 (years)  
22. Birthplace (city or place) Idaho Falls  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housework  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓  
25. Date (month and year) last engaged in this work now, 1933  
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn yes  
29. If stillborn, ✓ } months Could not resuscitate } Before labor yes  
period of gestation 2 } or weeks 19 mo } During labor yes  
30. Cause of stillbirth yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 3:38 m. on the date above stated.  
(born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. H. Robinson, M. D.

or \_\_\_\_\_, Midwife

Address Profess Idaho

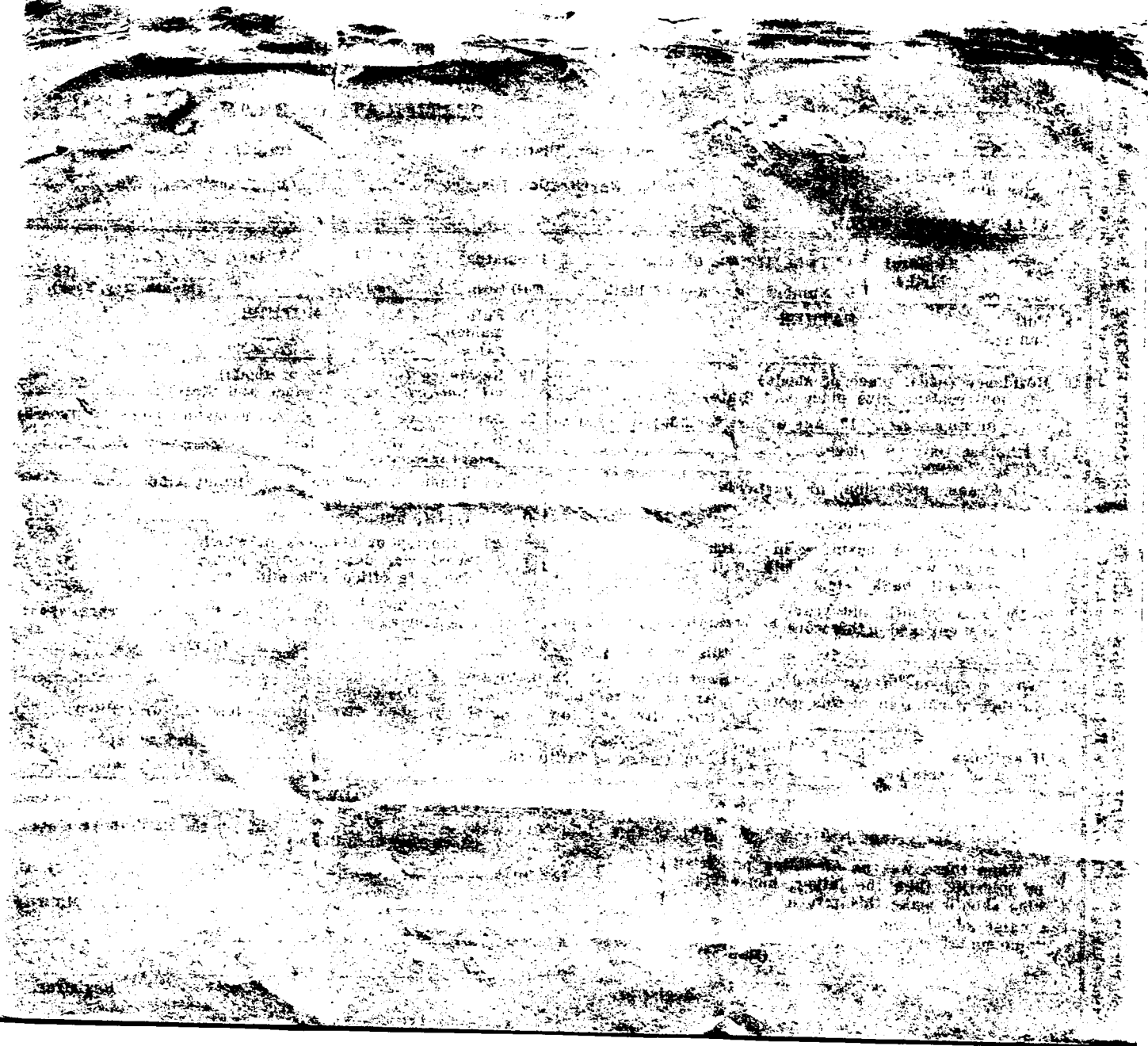
Filed 11/30, 1933 W. A. Shaw

(Date of)

Registrar.

Registrar.





WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 86606

PLACE OF DEATH

County of Clearwater  
City of Orefino RFD

CERTIFICATE OF DEATH

Registration District No. 90  
Primary Registration District No. 2184  
(No. )

Local Registrar's No. 65

2. FULL NAME Betty Lou Grimm (Stillborn)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

(a) Residence. No. Orefino RFD St.  
(Usual place of abode.)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
4. COLOR OR RACE white  
5. Single, Married, Widowed, or Divorced (write the word.)

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 11/3/33

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Orefino RFD.  
(State or country)

10. NAME OF FATHER Ralph August Grimm

11. BIRTHPLACE OF FATHER (city or town) Gilbert Idaho  
(State or Country)

12. MAIDEN NAME OF MOTHER Elizabeth Kathryn Spriggs

13. BIRTHPLACE OF MOTHER (city or town) Shoshone Idaho  
(State or Country)

14. Informant Ralph Grimm Father  
(Address)

15. Filed 11/24, 1933  
Registrar. H. A. Shaw

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Stillborn  
Nov 3 33  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
that I last saw him alive on 19...  
and that death occurred, on the date stated above, at 3 P. M.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
The CAUSE OF DEATH\* was as follows:

Fast presentation and  
Uterus. Contraction over  
head. Necessitating forceps  
delivery.  
(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?  
(Signed) H. A. Shaw M. D.  
11/4 1933 (Address) Orefino Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Gilbert

11/4 19

20. Undertaker

Address

Ralph Grimm

Gilbert

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

PLACE OF BIRTH  
County of Franklin  
City of Preston  
No. Gen. mem. disp. St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 216991

Registration District No. 27 State File No. —

(If born in hospital or institution give name.)

Prim. Registration District No. 2119 Local Registrar's No. 108

2. FULL NAME OF CHILD Stillborn Baby Swartz

3. Sex male If plural births { 4. Twin, triplet, or other..... 6. Premature..... 7. Legiti- 8. Date of birth 11-26-1923  
5. Number, in order of birth..... Full term..... mate? yes (Month, Day, Year)

9. Full name FATHER Lodgrey Swartz

18. Full maiden name MOTHER Belva Phillips

10. Residence (usual place of abode) Dayton  
(If non-resident, give place and State)

19. Residence (usual place of abode) Dayton  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 36 (years)

20. Color or race W 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Logan, W. Va.  
(State or country)

22. Birthplace (city or place) Dayton, Ohio  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature] M. D.

or [Signature] Midwife

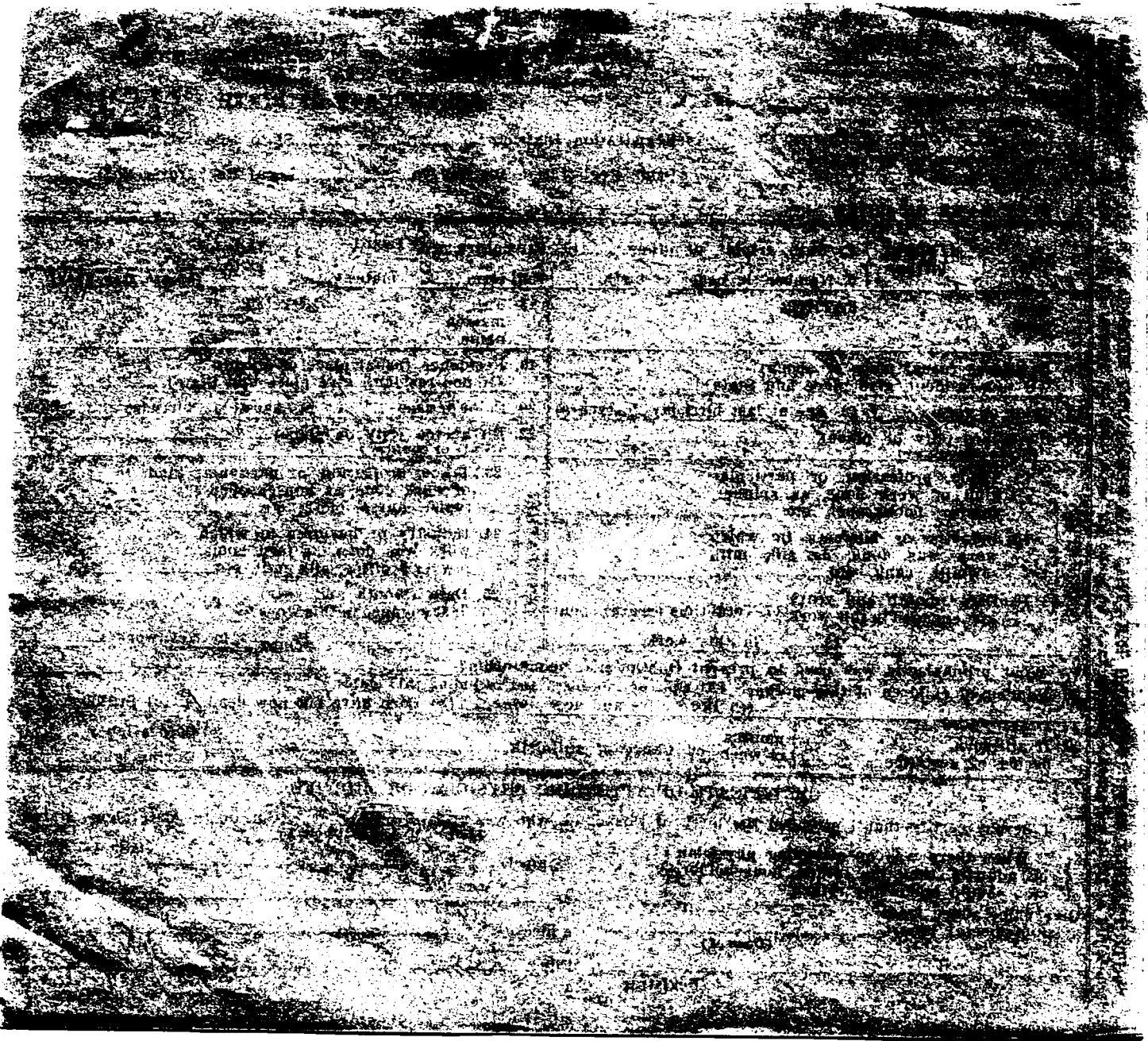
Give name added from a supplemental report (Date of)

Address Preston Idaho

Filed Dec 8, 1923 G. W. Slaters

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 11 1933

PLACE OF DEATH  
County of Franklin  
City of Preston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 27  
Primary Registration District No. 3119

DO NOT WRITE IN THIS SPACE

State File No. 86618

Local Registrar's No. 27

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Schwartz

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (Give the word) single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 26 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston Idaho  
(State or country)

13. NAME Godfrey Schwartz

14. BIRTHPLACE (city or town) Logan Utah  
(State or country)

15. MAIDEN NAME Belva Phillips

16. BIRTHPLACE (city or town) Weston Idaho  
(State or country)

17. INFORMANT Godfrey Schwartz  
(Address) Dayton Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Dayton Idaho Date Nov 26 1933

19. UNDERTAKER M. W. Hendricks  
(Address) Preston Idaho

20. FILED Dec 8 1933 G. W. States  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 26 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-26-33 to 11-26-33, 1933

I last saw him alive on 11-26-33, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Stillborn  
premature  
Placenta Previa

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Px Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify \_\_\_\_\_

(Signed) B. R. Cutler M. D.

(Address) Preston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 5 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

217033

County of Ben  
City of Emmett  
No. 386-111023-685 St.

Registration District No. 6 State File No. 1933

(If born in hospital or institution  
give name.)

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Not named

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of birth <u>11-11-</u> 19 <u>33</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth one (a) Born alive and now living none

Born alive but now dead none Stillborn one

FATHER FULL NAME <u>John Archibald Lantz</u>	MOTHER FULL MAIDEN NAME <u>Angela Marie Whelchel</u>
---	---

Residence (Usual place of abode) Emmett Idaho Emmett Idaho

If non-resident, give place and State

Color or race W Age at last Birthday 27 30 (years)

Birthplace Kearney Emmett Idaho  
(City and State or County) (City and State or County)

Occupation Farmer Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 a M.  
on the date above stated.

(Signature) J. H. Reynolds

(Physician or midwife)

Address Emmett Idaho

Filed 11-11- 1933 J. H. Reynolds Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



2  
 STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

COUNTY OF \_\_\_\_\_  
 CITY OF \_\_\_\_\_  
 No. \_\_\_\_\_

If born in hospital or institution  
 Give name: \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Time of Birth \_\_\_\_\_  
 and in order of birth \_\_\_\_\_  
 Number \_\_\_\_\_  
 Lasted \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 (Date extracted only in case of plural birth)  
 State File No. \_\_\_\_\_  
 Local Registrar's No. \_\_\_\_\_

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother including present birth \_\_\_\_\_  
 Born alive and now living \_\_\_\_\_

Name, title and how found \_\_\_\_\_  
 FATHER \_\_\_\_\_  
 MOTHER \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Age of last birth \_\_\_\_\_  
 (Years) \_\_\_\_\_

Rank, age and place of birth \_\_\_\_\_  
 If non-resident, give name and address of nearest relative \_\_\_\_\_  
 (Name of mother, father, brother, sister, etc.) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 City and State of birth \_\_\_\_\_  
 City and State of residence \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Age of last birth \_\_\_\_\_  
 (Years) \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was stillborn at \_\_\_\_\_  
 on the date above stated.

If there were no attending physician or midwife then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address \_\_\_\_\_  
 Date \_\_\_\_\_  
 Registrar \_\_\_\_\_

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED DEC 5 1933

## CERTIFICATE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH

County of Ben  
City of EmmettRegistration District No. 6Primary Registration District No. -(No. - St.)State File No. 86625Local Registrar's No. -

If death occurs away from usual residence, give facts called for under special information.

## 2. FULL NAME

Stillborn Infant

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant  
(Write the word)

## 6. DATE OF BIRTH

Nov 11 - 1933  
(Month) (Day) (Year)

## 7. AGE

Stillborn  
Yrs. Mos. ds.IF LESS than 1 day how many  
hrs. or min.?

## 8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓  
(b) General nature of industry, business or establishment in which employed (or employer).

## 9. BIRTHPLACE

(State or Country) Lern County, Idaho

## 10. NAME OF FATHER

John A Lyons

## 11. BIRTHPLACE OF FATHER

(State or Country) Id.

## 12. MAIDEN NAME OF MOTHER

Marie Wheelchel

## 13. BIRTHPLACE OF MOTHER

(State or Country) Emmett Idaho

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John A Lyons  
Emmett Ida

## 15.

Filed

11-11-1933J. H. Reynolds  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH

Nov 11 - 1933  
(Month) (Day) (Year)

## 17. I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
that I last saw h... alive on at birth 19...  
and that death occurred on the date stated above, at... M.

The CAUSE OF DEATH\* was as follows:

Stillborn, deformed baby  
no head formed

(Duration) yrs. mos. ds.

Contributory  
(Secondary)do not know cause  
just a freak in development

(Duration) yrs. mos. ds.

(Signed)

J. H. Reynolds M. D.11-11-1933 (Address) Emmett Ida

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the  
of death yrs. mos. days. State yrs. mos. ds.  
Where was disease contracted  
if not at place of death?  
Former or  
usual residence

## 19. PLACE OF BURIAL OR REMOVAL

## DATE OF BURIAL

Bromwell Idaho 11-12-1933

## 20. UNDERTAKER

## ADDRESS

Buried by father, John A Lyons Emmett

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH.**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

RECEIVED EC 13 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

217059

## 1. PLACE OF BIRTH

County of JeromeCity of Wendell

No. \_\_\_\_\_

St. \_\_\_\_\_

Registration District No. 2

State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)Prim. Registration District No. 2018 Local Registrar's No. \_\_\_\_\_

## 2. FULL NAME OF CHILD

3. Sex M.If plural  
births4. Twin, triplet, or other TwinPremature Y

7. Legiti-

8. Date of  
birth Feb 15, 1933

(MONTH, DAY, YEAR)

5. Number, in order of birth 3

Full term

mate? Y9. Full  
name

FATHER

H. D. Simmons18. Full  
maiden  
name

MOTHER

Nellie Ingles10. Residence (usual place of abode)  
(If non-resident, give place and State)Wendell Idaho19. Residence (usual place of abode)  
(If non-resident, give place and State)Wendell Idaho11. Color or race W12. Age at last birthday 35 (years)20. Color or race W21. Age at last birthday 26 (years)13. Birthplace (city or place)  
(State or country)Virginia22. Birthplace (city or place)  
(State or country)Wendell14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.Housewife15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Farmer24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.Housewife16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work25. Date (month and year) last  
engaged in this work26. Total time (years)  
spent in this work27. Number of children of this mother  
(At time of this birth and including this child)(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 228. If stillborn,  
period of gestation6 months  
or weeks

29. Cause of stillbirth

Not Known Before labor Y  
During labor Y

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.  
(Born live or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. }Give name added from  
a supplemental report

(DATE OF)

(Signed)

E. L. Dimont M. D.

or

Address

Wendell Idaho

Filed

Mar 8, 1933 E. L. Dimont Registrar

Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JAN 25 1933

# CERTIFICATE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH *Gooding*  
County of *Jerome* Registration District No. *22*  
City of *Wendell* Primary Registration District No. *2018*  
(No. *2018* St.)  
If death occurs away from usual residence, give facts called for under special information.  
2. FULL NAME *Still born* *206*

State File No. *86636*  
Local Registrar's No. \_\_\_\_\_

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED ☒ (Write the word)

6. DATE OF BIRTH *Feb 15 1933*  
(Month) (Day) (Year)

7. AGE *Still born* IF LESS than 1 day how many hrs. or min. ?  
Yrs. Mos. ds.

## 8. OCCUPATION

(a) Trade, profession or particular kind of work *None*  
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE *Idaho*  
(State or Country)

10. NAME OF FATHER *H. E. Simmons*

11. BIRTHPLACE OF FATHER *Virginia*  
(State or Country)

12. MAIDEN NAME OF MOTHER *Nellie Ingles*

13. BIRTHPLACE OF MOTHER *Kansas*  
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *H. E. Simmons*

(Address) *Wendell Idaho*

15. *Feb 8 1933*  
Filed *H. E. Simmons*

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Feb 15 1933*  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *19* to *19*,  
that I last saw *Still born* alive on *19*,  
and that death occurred on the date stated above, at *M.*  
The CAUSE OF DEATH\* was as follows:

(Duration) yrs. mos. ds.  
Contributory (Secondary) *E. L. Dimont* M. D.  
(Duration) yrs. mos. ds.  
(Signed) *E. L. Dimont*  
19 *33* (Address) *Wendell Idaho*

\*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  
At place In the  
of death yrs. mos. days. State yrs. mos. ds.  
Where was disease contracted  
if not at place of death?  
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL *On farm* DATE OF BURIAL *2-16-33*

20. UNDERTAKER *None* ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

RECEIVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

RECEIVED EC 13 1933

1. PLACE OF BIRTH  
County of Lincoln  
City of Wendell  
No. 2

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 217060

(If born in hospital or institution give name.)

Registration District No. 22 State File No. 2018

Prim. Registration District No. 2018 Local Registrar's No. 2018

2. FULL NAME OF CHILD

No Name - Stillborn

3. Sex m If plural births } 4. Twin, triplet, or other Twins 6. Premature yes 7. Legitimate? yes 8. Date of birth Feb 15, 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER Harless R. Simmons 18. Full maiden name MOTHER Nellie Angles

10. Residence (usual place of abode) Wendell Idaho 19. Residence (usual place of abode) Wendell Idaho  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 35 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Virginia 22. Birthplace (city or place) Idaho  
(State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work <u>2</u>		26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 6 months } 29. Cause of stillbirth Not known } Before labor yes  
or weeks } During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 A m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) E. L. Simmons M. D.

or Physician Midwife

Address Wendell

Filed Feb 9, 1933 E. L. Simmons

Registrar.

Registrar.



THE EASTMAN  
BUREAU OF PHOTOGRAPHY  
STATE OF NEW YORK

1. Name of the person or organization:   
 2. Address:   
 3. City:   
 4. State:   
 5. Zip:   
 6. Date:   
 7. Signature:   
 8. Title:   
 9. Phone:   
 10. Fax:   
 11. E-mail:   
 12. Other:   
 13. Name of the person or organization:   
 14. Address:   
 15. City:   
 16. State:   
 17. Zip:   
 18. Date:   
 19. Signature:   
 20. Title:   
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 22. Fax:   
 23. E-mail:   
 24. Other:   
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 331. Signature:   
 332. Title:   
 333. Phone:   
 334. Fax:   
 335. E-mail:   
 336. Other:

STATEMENTS OF ATTENDING PHYSICIANS OR MIDWIVES

10

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
FORM 1, S. No. 5-25 M. 1-19. 1933		CERTIFICATE OF DEATH	
1. PLACE OF DEATH County of <i>Blaine</i> City of <i>Wendell</i>		Registration District No. <i>22</i> Primary Registration District No. <i>2018</i> (No. <i>2018</i> St.)	
If death occurs away from usual residence, give facts called for under special information.		State File No. <i>86637</i> Local Registrar's No. <i>86637</i>	
2. FULL NAME <i>No name - still born</i>		If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <i>m</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>✓</i>	
(Write the word)			
6. DATE OF BIRTH <i>July 15 1933</i> (Month) (Day) (Year)			
7. AGE <i>Still born</i>		IF LESS than 1 day how many hrs. or min.?	
8. OCCUPATION (a) Trade, profession or particular kind of work <i>None</i> (b) General nature of industry, business or establishment in which employed (or employer)			
9. BIRTHPLACE <i>Idaho</i> (State or Country)			
10. NAME OF FATHER <i>H. D. Simmons</i>			
11. BIRTHPLACE OF FATHER <i>Virginia</i> (State or Country)			
12. MAIDEN NAME OF MOTHER <i>Mollie Ingles</i>			
13. BIRTHPLACE OF MOTHER <i>Kansas</i> (State or Country)			
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>H. D. Simmons</i> (Address) <i>Wendell, Ida</i>			
15. Filed <i>July 8 1933</i> <i>E. C. Simmons</i> Local Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <i>July 15 1933</i> (Month) (Day) (Year)			
17. I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw him alive on 19... and that death occurred on the date stated above, at M. The CAUSE OF DEATH* was as follows: <i>Still birth</i> (Duration) yrs. mos. ds. Contributory (Secondary) <i>E. L. Simmons</i> (Signed) <i>E. L. Simmons</i> D. 5-9-33 (Address) <i>Wendell, Ida</i> *State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.			
18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place In the of death yrs. mos. days, State yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence			
19. PLACE OF BURIAL OR REMOVAL <i>Don't know</i>		DATE OF BURIAL <i>2-16 1933</i>	
20. UNDERTAKER <i>None</i>		ADDRESS	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

**STATEMENT OF CAUSE OF DEATH.**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

219-228024-295  
RECEIVED DEC 13 1933

1. PLACE OF BIRTH

County of GoodingCity of Wendell

No. \_\_\_\_\_ St.

(If born in hospital or institution give name.)

Registration District No. 22

State File No. \_\_\_\_\_

Prim. Registration District No. 2018 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

3. Sex F

If plural births

4. Twin, triplet, or other

TwinPremature Yes

Full term

7. Legiti-

mate? yes

8. Date

birth

Mar 28, 1933

(MONTH, DAY, YEAR)

9. Full name

FATHER

Marion E. Bailey

18. Full maiden name

MOTHER

Romaine Siebold

10. Residence (usual place of abode)

(If non-resident, give place and State)

Wendell

19. Residence (usual place of abode)

(If non-resident, give place and State)

Wendell11. Color or race W12. Age at last birthday 37 (years)20. Color or race W21. Age at last birthday 34 (years)

13. Birthplace (city or place)

(State or country)

Nebraska

22. Birthplace (city or place)

(State or country)

Frederick

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labaner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farm

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child)

6(a) Born alive and now living 4(b) Born alive but now dead 1(c) Stillborn 128. If stillborn, period of gestation 6 months or weeks

29. Cause of stillbirth

No known causeBefore labor Yes  
During labor Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Stillborn at 11:30 a. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name and address of a supplemental report

(DATE OF)

E. L. Dimanton  
Registrar.

(Signed)

E. L. Dimanton, M. D.

or

Physician, MidwifeAddress Wendell IdahoFiled Mar 29, 1933 E. L. Dimanton



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should  
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is  
 very important. See instructions on back of certificate.

RECEIVED 1933  
 FORM V. S. No. 5-25 M. 1-19  
 PLACE OF DEATH

# CERTIFICATE OF DEATH

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS

County of Goshute Registration District No. 22  
 City of Wendell Primary Registration District No. 2018 State File No. 86635  
 (No. \_\_\_\_\_) (St.) Local Registrar's No. \_\_\_\_\_  
 If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Jane Bailey  
 If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single  
 (Write the word)

6. DATE OF BIRTH Mar 28 1933  
 (Month) (Day) (Year)

7. AGE Still born IF LESS than 1 day how many hrs. or min.?  
 yrs. mos. ds.

## 8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓  
 (b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE Wendell, Ida  
 (State or Country)

10. NAME OF FATHER Marion E. Bailey

11. BIRTHPLACE OF FATHER Nebraska  
 (State or Country)

12. MAIDEN NAME OF MOTHER Romaine

13. BIRTHPLACE OF MOTHER Nebraska  
 (State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_  
 (Address) Wendell, Ida

15. Mar 28 1933 E. J. Simons  
 Filed Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 28 1933  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from At Birth to 19,  
 that I last saw him alive on 19,  
 and that death occurred on the date stated above, at M.  
 The CAUSE OF DEATH\* was as follows:  
Still born

Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) E. J. Simons M. D.  
 19 \_\_\_\_\_ (Address) \_\_\_\_\_

\*State the Disease Causing Death; or in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  
 At place In the  
 of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days, State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted  
 if not at place of death?  
 Former or  
 usual residence \_\_\_\_\_

19. PLACE OF BURIAL OR REMOVAL Wendell, Ida DATE OF BURIAL 3-28 1933

20. UNDERTAKER Wendell, Ida ADDRESS \_\_\_\_\_

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

**STATEMENT OF CAUSE OF DEATH**—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED  
County of Gooding  
City of Gooding

No. A. J. D. 1173-024-583 St.  
455-1173-024-583

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 217072

Registration District No. 24 State File No. \_\_\_\_\_

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. 142

FULL NAME OF CHILD \_\_\_\_\_  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twins or other? _____ (To be answered only in event of plural births)	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>11</u> <u>13</u> <u>1933</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Neosporin

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER  
FULL NAME William Jimmie Demore  
Residence (Usual place of abode) Rupert  
If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last birthday 26  
(Years)

Birthplace Rupert, Idaho  
(City and State or County)

Occupation Farmer

MOTHER  
FULL MAIDEN NAME Bertha Jarre Nutt  
Residence (Usual place of abode) Rupert  
If non-resident, give place and State \_\_\_\_\_

Color or race White Age at last birthday 23  
(Years)

Birthplace Gooding, Idaho  
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:32 am M. on the date above stated.

(Signature) John H. Crowell

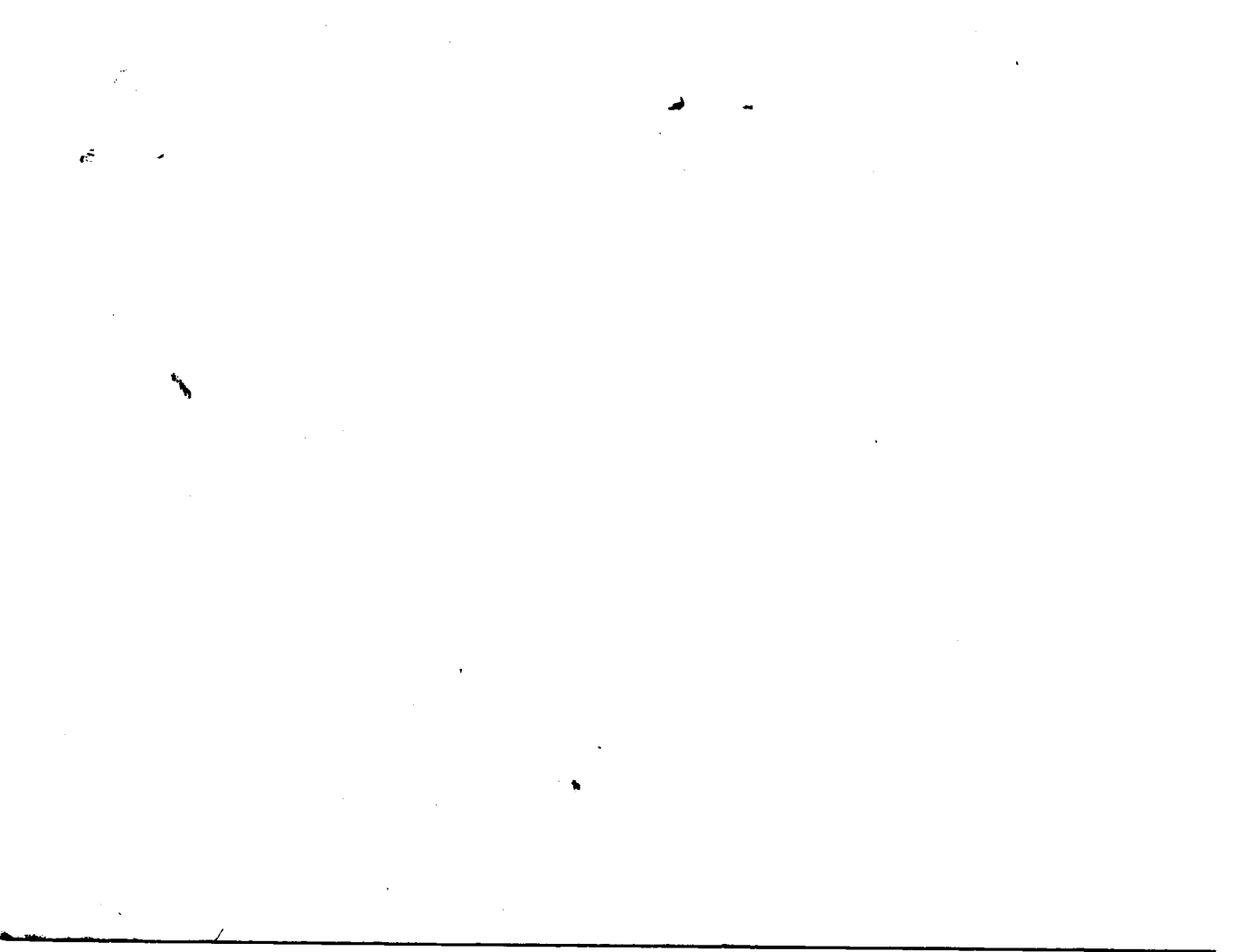
(Physician or midwife)

Address Gooding, Idaho

Filed 11-30-1933 J. H. Crowell Registrar

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 3 1933  
 PLACE OF DEATH  
 County of Gooding  
 City of Gooding

STATE OF IDAHO  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 86645Registration District No. 24

Primary Registration District No. ....

Local Registrar's No. 246

(No. ....  
 (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of —6. DATE OF BIRTH (month, day, and year) —7. AGE Stillborn  
Years Months Days If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. —9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. —10. Date deceased last worked at  
this occupation (month and  
year) —11. Total time (years)  
spent in this  
occupation —12. BIRTHPLACE (city or town) Gooding  
(State or country)13. NAME William S Deno14. BIRTHPLACE (city or town) Rupert Idaho  
(State or country)15. MAIDEN NAME Bertha J Nutt16. BIRTHPLACE (city or town) Gooding  
(State or country) Idaho17. INFORMANT William S Deno  
(Address) Rupert Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Gravels Date 11-14, 193319. UNDERTAKER W. E. Thompson  
(Address)20. FILED 11-30, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11-13, 193322. I HEREBY CERTIFY, That I attended deceased from  
....., 1933, to....., 1933

I last saw him alive on....., 1933; death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance

were as follows:

Stillborn  
Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1933

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Cronwell M. D.(Address) Gooding, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THIS IS NOT A FINAL CERTIFICATE. IT IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

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1. PLACE OF BIRTH

County of Idaho  
City of Kamiah

No. 95-208-025-292 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

**S**  
217080

Registration District No. 49 State File No. 139

Prim. Registration District No. 2127 Local Registrar's No. 139

2. FULL NAME OF CHILD Boby Liednie

3. Sex 1 If plural births 1 4. Twin, triplet, or other 1 6. Premature no 7. Legitimate? yes 8. Date of birth Aug. 1, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER

Ernest Liednie

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 65 (years)

13. Birthplace (city or place) Germany (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

18. Full maiden name MOTHER

Phelie Silvernail

19. Residence (usual place of abode) (If non-resident, give place and state)

20. Color or race W 21. Age at last birthday 45 (years)

22. Birthplace (city or place) Idaho (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation full months or weeks 29. Cause of stillbirth Don't know Before labor yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) W. J. Rogers, M. D.

or \_\_\_\_\_, Midwife

Address Kamiah - Idaho

Filed 12-12, 1933 Neil Robertson

Registrar.

Registrar.

U.S. State Department  
Washington, D.C.

Mr. [Name]  
[Address]

Dear Mr. [Name]:  
[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of Idaho  
City of Rant.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 49

Primary Registration District No. 2127

DO NOT WRITE IN THIS SPACE

State File No. 87499

Local Registrar's No. 206

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Boby Luskie

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) chd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of chd

6. DATE OF BIRTH (month, day, and year) Aug. 8, 1935

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chd  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chd  
10. Date deceased last worked at this occupation (mo. and yr.) Aug. 8, 1935  
11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (city or town) Idaho  
(State or country)

13. NAME Ernest Luskie

14. BIRTHPLACE (city or town) Idaho  
(State or country)

15. MAIDEN NAME Phoebe Luskie

16. BIRTHPLACE (city or town) Idaho  
(State or country)

17. INFORMANT E. R. Luskie  
(Address)

18. BURIAL, CREMATION OR REMOVAL  
Place Woodland Date Aug. 8, 1935

19. UNDERTAKER Thorne  
(Address)

20. FILED Dec. 31, 1935 Neil Robertson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from St. Albans to St. Albans, 193....

I last saw h.... alive on Aug. 8, 1935; death is said to have occurred on the date stated above, at 8:00 a.m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Neil Robertson M. D.

(Address) Woodland, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE FIRST WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED DEC 9 1933

County of Latah

City of Masson

No. 407 College St.

Community Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 217169

Registration District No. 61 State File No. 118

Prim. Registration District No. 1011 Local Registrar's No. 118

2. FULL NAME OF CHILD Stillborn

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>11-10</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Russell Everett May</u>	FATHER			18. Full maiden name <u>Evelyn May Marshall</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Patterson, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>22</u> (years)			20. Color or race <u>W</u> 21. Age at last birthday <u>30</u> (years)	
13. Birthplace (city or place) (State or country)				22. Birthplace (city or place) (State or country) <u>Hot Springs, Montana</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Truck Driver</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work <u>7</u> , 19 <u>33</u>			25. Date (month and year) last engaged in this work <u>19</u>	
17. Total time (years) spent in this work			26. Total time (years) spent in this work		

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, { months } Before labor  
period of gestation { or weeks } During labor

29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

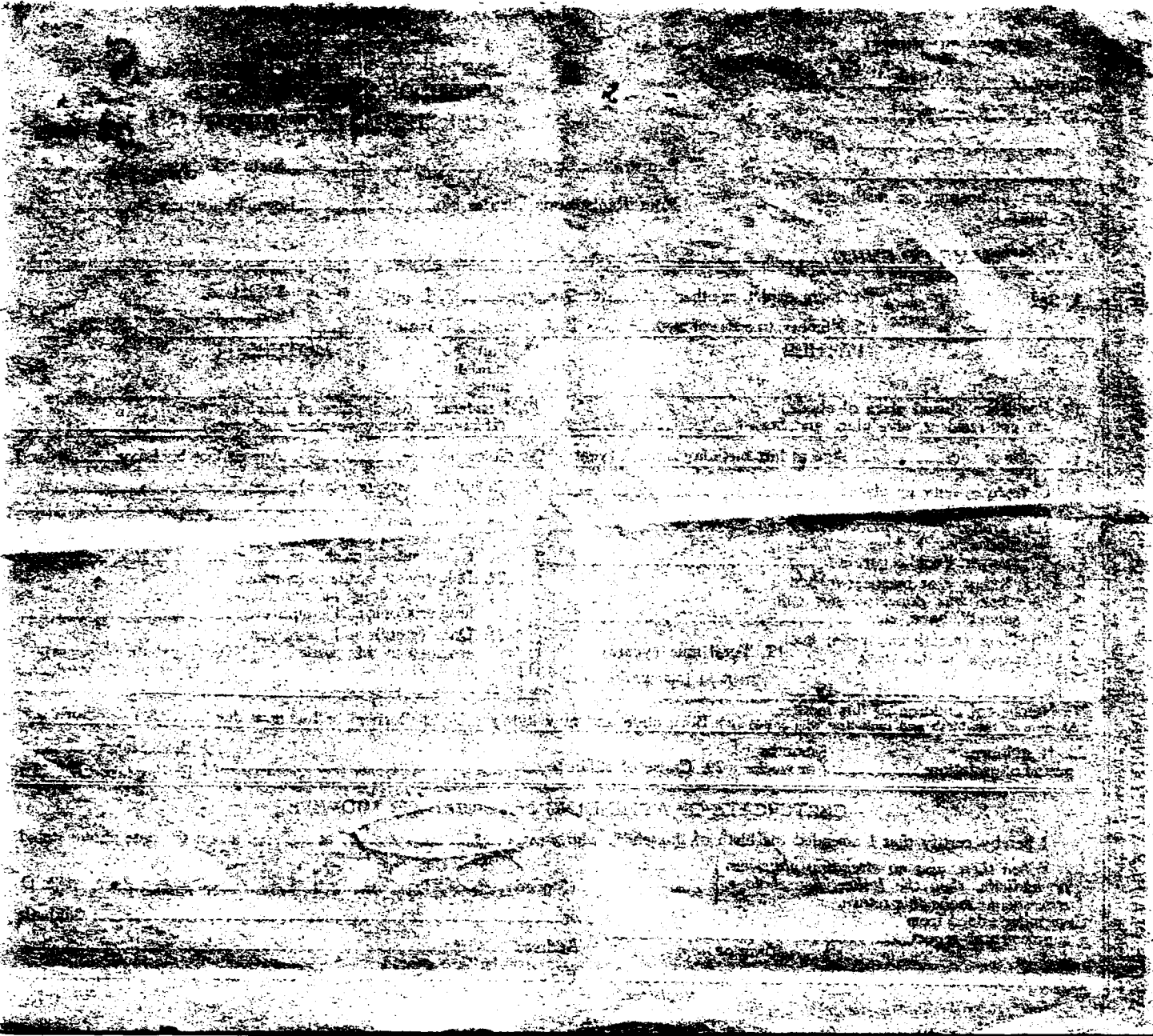
I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 p. m. on the date above stated.  
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

(Signed) Doyle M. Lockner, M. D.  
or \_\_\_\_\_ Midwife

Address Regularist Bldg. Masson, Idaho  
Filed 12-4, 1933 Masson, Idaho  
Registrar.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. <b>86712</b>	
<b>PLACE OF DEATH</b> County of <b>Latah</b> City of <b>Moscow</b>		<b>CERTIFICATE OF DEATH</b> Registration District No. <b>61</b> Primary Registration District No. <b>1011</b> Local Registrar's No. <b>74</b>	
(No. <b>Community Hospital</b> ) (If death occurred in a hospital or institution, give its name instead of street and number.)			
<b>2. FULL NAME</b> <b>Baby May</b>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
<b>3. SEX</b> <b>Male</b>	<b>4. COLOR OR RACE</b> <b>White</b>	<b>5. Single, Married, Widowed, or Divorced (write the word)</b> _____	
<b>5a. If married, widowed, or divorced</b> HUSBAND of (or) WIFE of _____			
<b>6. DATE OF BIRTH (month, day, and year)</b> <b>Nov. 10, 1933</b>			
<b>7. AGE</b> <b>Shilith</b>	<b>Years</b> _____	<b>Months</b> _____	<b>Days</b> _____
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> _____			
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> _____			
<b>10. Date deceased last worked at this occupation (month and year)</b> _____		<b>11. Total time (years) spent in this occupation</b> _____	
<b>12. BIRTHPLACE (city or town) (State or country)</b> <b>Moscow, Idaho</b>			
<b>13. NAME</b> <b>Russell May</b>			
<b>14. BIRTHPLACE (city or town) (State or country)</b> <b>Latah Co. Idaho</b>			
<b>15. MAIDEN NAME</b> <b>Evelyn Marsh</b>			
<b>16. BIRTHPLACE (city or town) (State or country)</b> <b>Hot Springs, Mont.</b>			
<b>17. INFORMANT (Address)</b> <b>H. C. Marsh, Moscow, Idaho</b>			
<b>18. PLACE OF REMOVAL</b> <b>Place</b> <b>Carlisle, Wash.</b> <b>Date</b> <b>11/13, 1933</b>			
<b>19. UNDERTAKER (Address)</b> <b>H. R. Short, Moscow, Idaho</b>			
<b>20. FILED</b> <b>12-5</b> , 1933 <b>Harry Enhouse</b> Registrar			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
<b>21. DATE OF DEATH (month, day, and year)</b> <b>Nov. 10, 1933</b>			
<b>22. I HEREBY CERTIFY, That I attended deceased from</b> _____, 1933, to _____, 1933.			
I last saw him alive on _____, 1933; death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<b>Still Born.</b>			
<b>Other contributory causes of importance:</b>			
<b>Name of operation</b> _____ <b>Date of</b> _____			
<b>What test confirmed diagnosis?</b> _____ <b>Was there an autopsy?</b> _____			
<b>23. If death was due to external causes (violence) fill in also the following:</b>			
<b>Accident, suicide, or homicide?</b> _____ <b>Date of injury</b> _____, 1933			
<b>Where did injury occur?</b> _____ (Specify city or town, county, and State)			
<b>Specify whether injury occurred in industry, in home, or in public place.</b> _____			
<b>Manner of injury</b> _____			
<b>Nature of injury</b> _____			
<b>24. Was disease or injury in any way related to occupation of deceased?</b> _____			
<b>If so, specify</b> _____			
<b>(Signed)</b> <b>Doyle M. Leach</b> , M. D.			
<b>(Address)</b> <b>Moscow, Idaho</b>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 217170

No. 642-106-029-819 Registration District No. 61 State File No. ---

(If born in hospital or institution give name.) Prim. Registration District No. 1011 Local Registrar's No. 129

2. FULL NAME OF CHILD Baby Ray Odberg

3. Sex male If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth 1 6. Premature no 7. Legitimate yes 8. Date of birth Nov. 6, 1933 (MONTH, DAY, YEAR)

9. Full name FATHER Lewis M. Odberg (Deceased) 18. Full maiden name MOTHER Gladys Harmes

10. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Genesee, Ida

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

16. Date (month and year) last engaged in this work life 17. Total time (years) spent in this work not known 19. 19 25. Date (month and year) last engaged in this work not known 26. Total time (years) spent in this work not known 19. 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living --- (b) Born alive but now dead --- (c) Stillborn ---

28. If stillborn, period of gestation 7 mo. months or weeks 29. Cause of stillbirth not known Before labor ✓ During labor ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that to the ~~I attended~~ the birth of this child, who was Still born at 3:30 P. on the date above stated. (BORN ALIVE OR STILLBORN) Not Present at Birth  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) [Signature] M. D.

or [Signature] Midwife

Address Moscow, Idaho

Filed 12-6, 193 January

Registrar.

Registrar.

Give name added from a supplemental report \_\_\_\_\_ (DATE OF) \_\_\_\_\_

2

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of LatahCity of Genesee rural

## CERTIFICATE OF DEATH

State File No. 86698

Registration District No. ....

Primary Registration District No. ....

Local Registrar's No. ....

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillbirth(a) Residence. No. .... St. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 6, 19337. AGE Years Months Days If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Near Genesee  
(State or country) Idaho13. NAME Louis M. Odberg14. BIRTHPLACE (city or town) Norway  
(State or country)15. MAIDEN NAME Gladys Harms16. BIRTHPLACE (city or town) Wilbur, Wn.  
(State or country)17. INFORMANT Dr. J.C. Armstrong  
(Address) Moscow, Ida.18. BURIAL, CREMATION, OR REMOVAL  
Place Small Valley Date 11/8, 193319. UNDERTAKER H. R. Short  
(Address) Moscow20. FILED Dec 10, 1933 E. A. Field  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6, 193322. I HEREBY CERTIFY, That I attended deceased from  
Nov. 6, 1933, to Nov. 6, 1933

I last saw h..... alive on....., 193.....; death is said

to have occurred on the date stated above, at....., 9:20 PMThe principal cause of death and related causes of importance  
were as follows:

Date of onset

Still-Birth.  
7 months gestation

Other contributory causes of importance:

Not known.Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 193.....

Where did injury occur?  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. J.C. Armstrong, M. D.(Address) Moscow Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

SEP 14 2007

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH EC 14 1933  
County of BLAINE  
City of WALLACE

No. \_\_\_\_\_ St. \_\_\_\_\_

COUNTY INFIRMARY

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

**S-**  
217306

Registration District No. 70 State File No. \_\_\_\_\_

Prim. Registration District No. 111 Local Registrar's No. 215

2. FULL NAME OF CHILD BABY STARNES

3. Sex <u>GIRL</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>YES</u>	8. Date of birth <u>10-26-33</u> , 193_____ (MONTH, DAY, YEAR)
9. Full name <u>FATHER</u> <u>CHARLES STARNES</u>	5. Number, in order of birth _____		Full term _____		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>DECEASED</u>	11. Color or race <u>WHITE</u>		12. Age at last birthday <u>23</u> (years)		
13. Birthplace (city or place) (State or country) <u>MISSOURI</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>DECEASED</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____		18. Full maiden name <u>MOTHER</u> <u>GERTRUDE DEMRY</u>		
19. Residence (usual place of abode) (If non-resident, give place and state) <u>WALLACE</u>		20. Color or race <u>White</u>		21. Age at last birthday <u>18</u> (years)	
22. Birthplace (city or place) (State or country) <u>MISSOURI</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	
28. If stillborn, <u>five months</u> months period of gestation _____ or weeks _____		29. Cause of stillbirth <u>UNKNOWN</u>		{ Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was STILLBORN at 7:00 A. on the date above stated.  
(BORN ALIVE OR STILLBORN)

(Signed) [Signature], M. D.

or \_\_\_\_\_, Midwife

Address Kellogg, Idaho

Filed Nov 18th, 1933 Le S. Stone

Registrar.

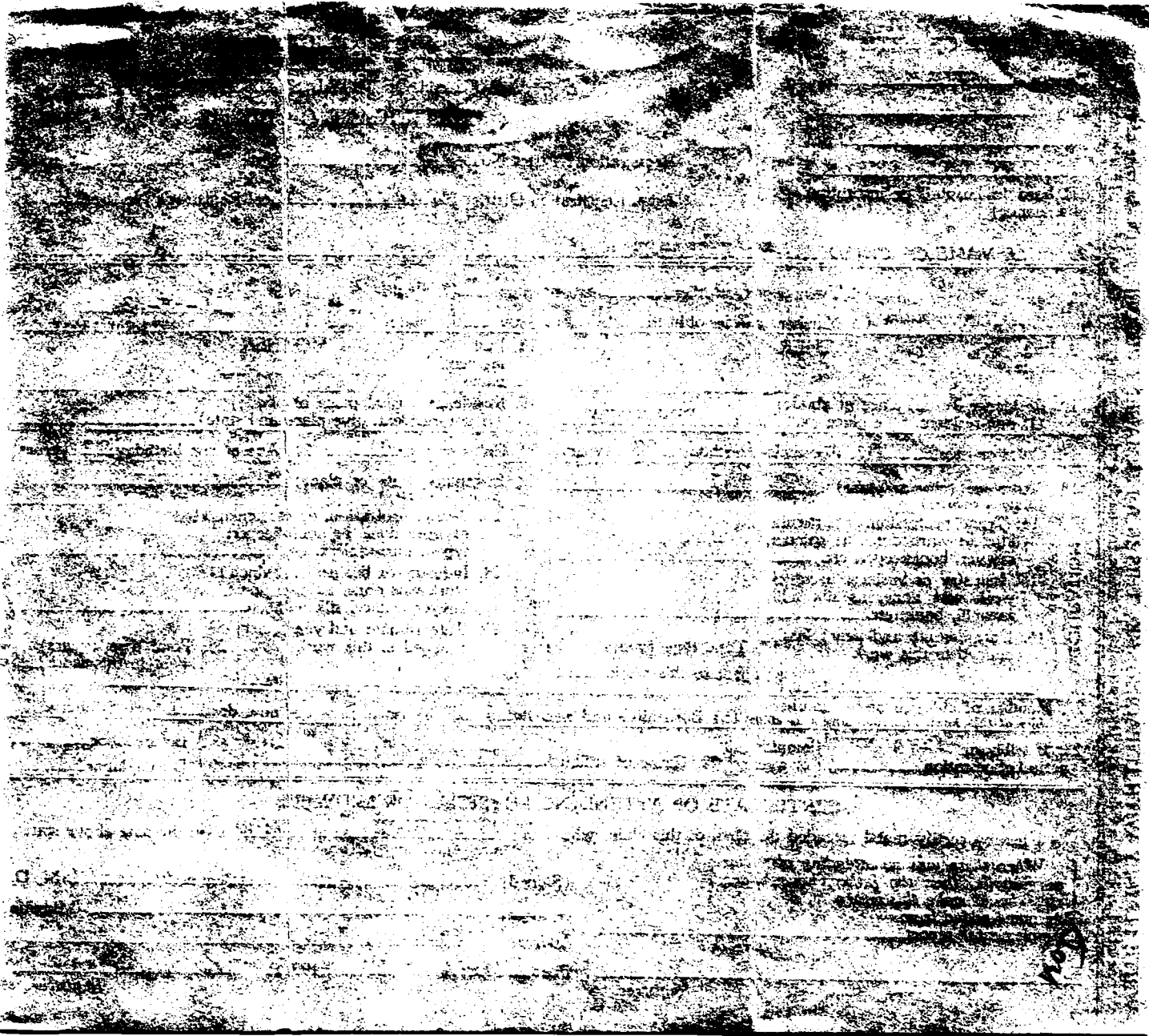
Registrar.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)





RECEIVED

DEC 6 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

## CERTIFICATE OF BIRTH

County of IdahoCity of DriggsNo. 847-216-241-244 St.(If born in hospital or institution  
give name.)Registration District No. 77 State File No. 217314Prim. Registration District No. 2176 Local Registrar's No. 37

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Li</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>+</u>	Date of birth <u>11/16</u>	19 <u>33</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? OilNumber of child of this mother, including present birth 9 (a) Born alive and now living 7Born alive but now dead 0 Stillborn 2

FULL NAME <u>Alfred Higley</u>	FATHER	FULL MAIDEN NAME <u>Grace Humphrey</u>	MOTHER
-----------------------------------	--------	--	--------

Residence (Usual place of abode) Driggs, Ida

If non-resident, give place and State

Color or race W Age at last Birthday 32 (Years)Birthplace Idaho (City and State or County)Occupation Farmer

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

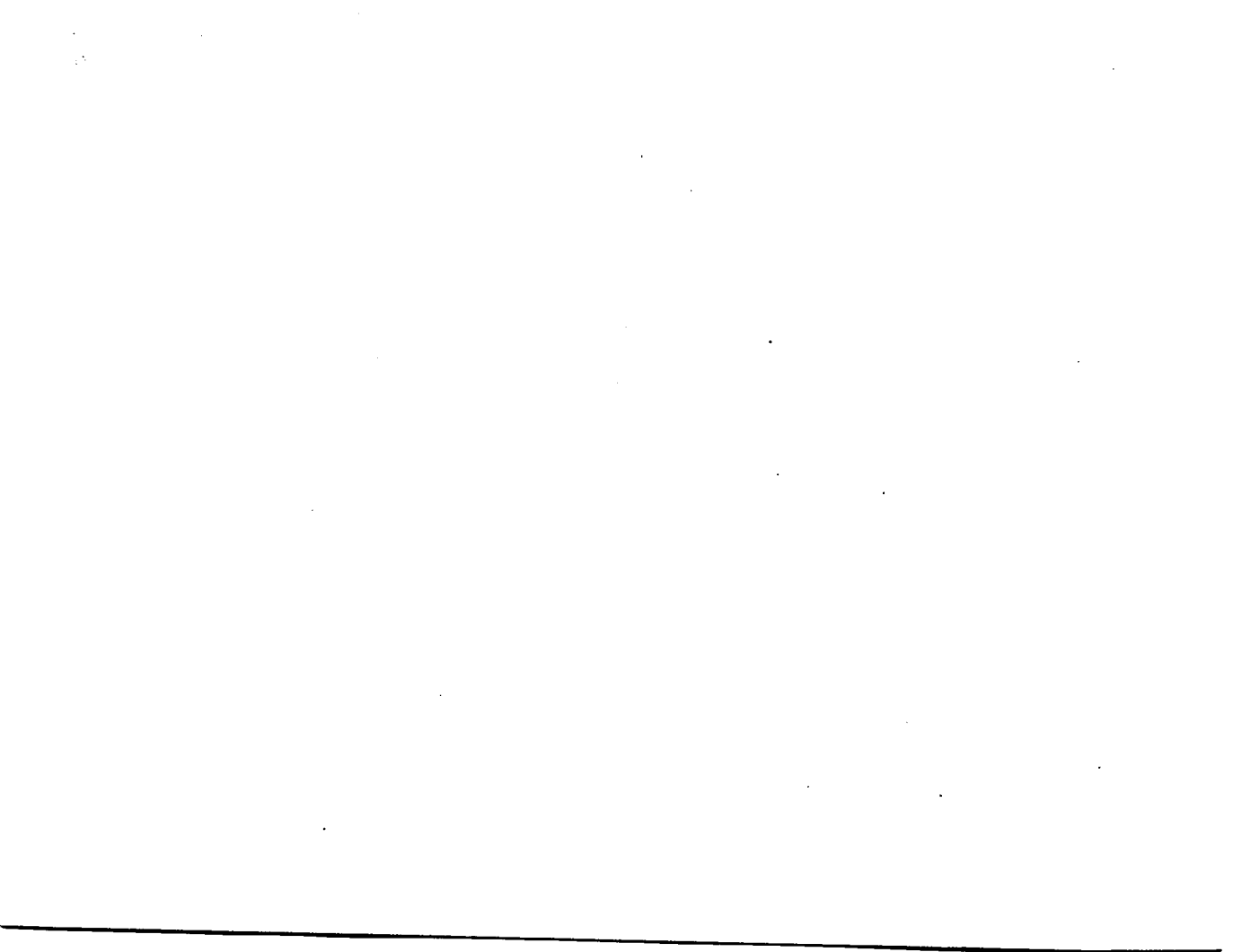
I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A.M.  
on the date above stated.

(Signature) L. R. Reese, M.D.(Physician Reese)Address Driggs, Ida.Filed 12-1-1933 Alvin M. Greene

Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth must be

RECEIVED  
PLACE OF BIRTH  
County of Twin Falls  
City of Twin Falls  
No. 112-10410-2762  
C. O. Gen. Hospital  
(If born in hospital or institution give name.)

DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CHIEF CLERK OF STATE 217374  
Registration District No. 37 State File No. -  
Prim. Registration District No. 2055 Local Registrar's No. 392

2. FULL NAME OF CHILD

3. Sex Male  
4. Age 11-4  
5. Number, in order of birth 2  
6. Premature yes  
7. Legiti- mate  
8. Date of birth 11-4-1933  
(Month, Day, Year)

9. Full name FATHER  
Fred Stanley Jakubowski  
10. Residence (usual place of abode) Bulky, Idaho  
(If non-resident, give place and State)  
11. Color or race White  
12. Age at last birthday 40 (years)  
13. Birthplace (city or place) Kansas  
(State or country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rented farmland  
16. Date (month and year) last engaged in this work still working 1933  
17. Total time (years) spent in this work 20 yrs

18. Full maiden name MOTHER  
Iva Argeri Pospisil  
19. Residence (usual place of abode) Bulky, Idaho  
(If non-resident, give place and State)  
20. Color or race White  
21. Age at last birthday 34 (years)  
22. Birthplace (city or place) Perry, Oklahoma  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME  
25. Date (month and year) last engaged in this work still working 1933  
26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0  
28. Number of children of this mother (At time of this birth and including this child)  
(a) Born alive and now living 12 (b) Born alive but now dead 0 (c) Stillborn 2  
29. If stillborn, 8 months months or weeks 30. Cause of stillbirth unknown  
period of gestation Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 11 am on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Give name added from a supplemental report (Date of)  
Registrar.

(Signed) John A. Bugler, M. D.  
or Twin Falls, Midwife  
Address Ac. 2  
Filed Dec. 2, 1933 Geo C. Kelly M.D.  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 86788	
County of	<i>Twin Falls</i>	Registration District No. <i>39</i>		State File No. ....	
City of	<i>Twin Falls</i>	Primary Registration District No. <i>2087</i>		Local Registrar's No. ....	
(No. <i>Twin Falls County Jail Hospital</i> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <i>Christian Jakubowski</i>		St. ....			
(a) Residence. No. ....		(Usual place of abode)			
Length of residence in city or town where death occurred. <i>✓</i> yrs. <i>✓</i> mos. <i>✓</i> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>✓</i>					
6. DATE OF BIRTH (month, day, and year) <i>Nov 4 - 1933</i>					
7. AGE	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION		11. Total time (years) spent in this occupation			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>None</i>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
12. BIRTHPLACE (city or town) <i>Twin Falls</i> (State or country)					
13. NAME <i>Fred Jakubowski</i>					
14. BIRTHPLACE (city or town) <i>Kansas</i> (State or country)					
15. MAIDEN NAME <i>Agnes Paspiel</i>					
16. BIRTHPLACE (city or town) <i>Don't know</i> (State or country)					
17. INFORMANT <i>Fred Jakubowski</i> (Address) <i>Snake, Ida.</i>					
18. BURIAL, CREMATION, OR REMOVAL <i>Snake</i> Place <i>Snake</i> Date <i>Nov. 5<sup>th</sup> 1933</i>					
19. UNDERTAKER <i>Evans &amp; Johnson</i> (Address) <i>Snake</i>					
20. FILED <i>11-9</i> , 193 <i>3</i> <i>J. T. Murphy</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Nov 4</i> , 193 <i>3</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Nov 4</i> , 193 <i>3</i> , to <i>Nov 4</i> , 193 <i>3</i> .					
I last saw him alive on ....., 193 <i>3</i> : death is said to have occurred on the date stated above, at ..... m.					
The principal cause of death and related causes of importance were as follows:					
<i>Still born. Mother felt no life for one week before delivery.</i>					
Other contributory causes of importance: <i>Cause of death unknown</i>					
Name of operation ..... Date of .....					
What test confirmed diagnosis? ..... Was there an autopsy? .....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? ..... Date of injury ....., 193 <i>3</i> .					
Where did injury occur? ..... (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. ....					
Manner of injury .....					
Nature of injury .....					
24. Was disease or injury in any way related to occupation of deceased? .....					
If so, specify .....					
(Signed) <i>John P. Conley</i> M. D. (Address) <i>Twin Falls, Ida.</i>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
County of Twin Falls  
City of Twin Falls  
No. 112-104-1042-362  
Co. 2nd Wash.  
(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

217375

Registration District No. 37 State File No. 2085  
Prim. Registration District No. 2085 Local Registrar's No. 391

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	4. If plural births <u>Twin</u> triplet, or other	5. Number, in order of birth <u>1</u>	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>11-4-1933</u> (Month, Day, Year)
9. Full name <u>Fred Stanley Jakubowski</u>			18. Full maiden name <u>Iva Argeny Pospisil</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Bullh Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bullh Idaho</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>40</u> (years)			21. Age at last birthday <u>34</u> (years)		
13. Birthplace (city or place) (State or country) <u>Kansas</u>			22. Birthplace (city or place) (State or country) <u>Perry Oklahoma</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Retired</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Still working 1933</u>			25. Date (month and year) last engaged in this work <u>Still working 1933</u>		
17. Total time (years) spent in this work <u>20 yrs.</u>			26. Total time (years) spent in this work <u>24 yrs.</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>—</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>8 mo</u> months or weeks			30. Cause of stillbirth <u>unknown</u>		
Before labor <u>well</u>			During labor <u>well</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John A. Hall, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Address Twin Falls

Filed Dec. 1, 1933 Geo. C. Hall M. D.

Registrar.

Registrar.



UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Washington, D. C.

May 10, 1961

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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**N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.**

DEC 1933

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of

City of

Registration District No.

Primary Registration District No.

Local Registrar's No.

State File No.

206

2. FULL NAME

(a) Residence. No.

Length of residence in city or town where death occurred.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced

5a. If married, widowed, or divorced

6. DATE OF BIRTH

7. AGE

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

to have occurred on the date stated above

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

## PLACE OF BIRTH

County of BannockCity of PocatelloNo. 101 South Johnson St.Pocatello General Hospital

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins or other? <u>Triplet</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>December 26, 1933</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth One (a) Born alive and now living NoneBorn alive but now dead None Stillborn One

FATHER  
FULL NAME Clyde Melvin Mast  
Residence (Usual place of abode) 925 W. Clark, Pocatello  
If non-resident, give place and State  
Color or race White Age at last birthday 26 (Years)  
Birthplace Newman, Illinois  
(City and State or County)  
Occupation Salesman, P. & Public Utilities

MOTHER  
FULL MAIDEN NAME Lula Isabell Dennis  
Residence (Usual place of abode) 925 W. Clark, Pocatello  
If non-resident, give place and State  
Color or race White Age at last birthday 25 (Years)  
Birthplace Danville, Illinois  
(City and State or County)  
Occupation Housewife

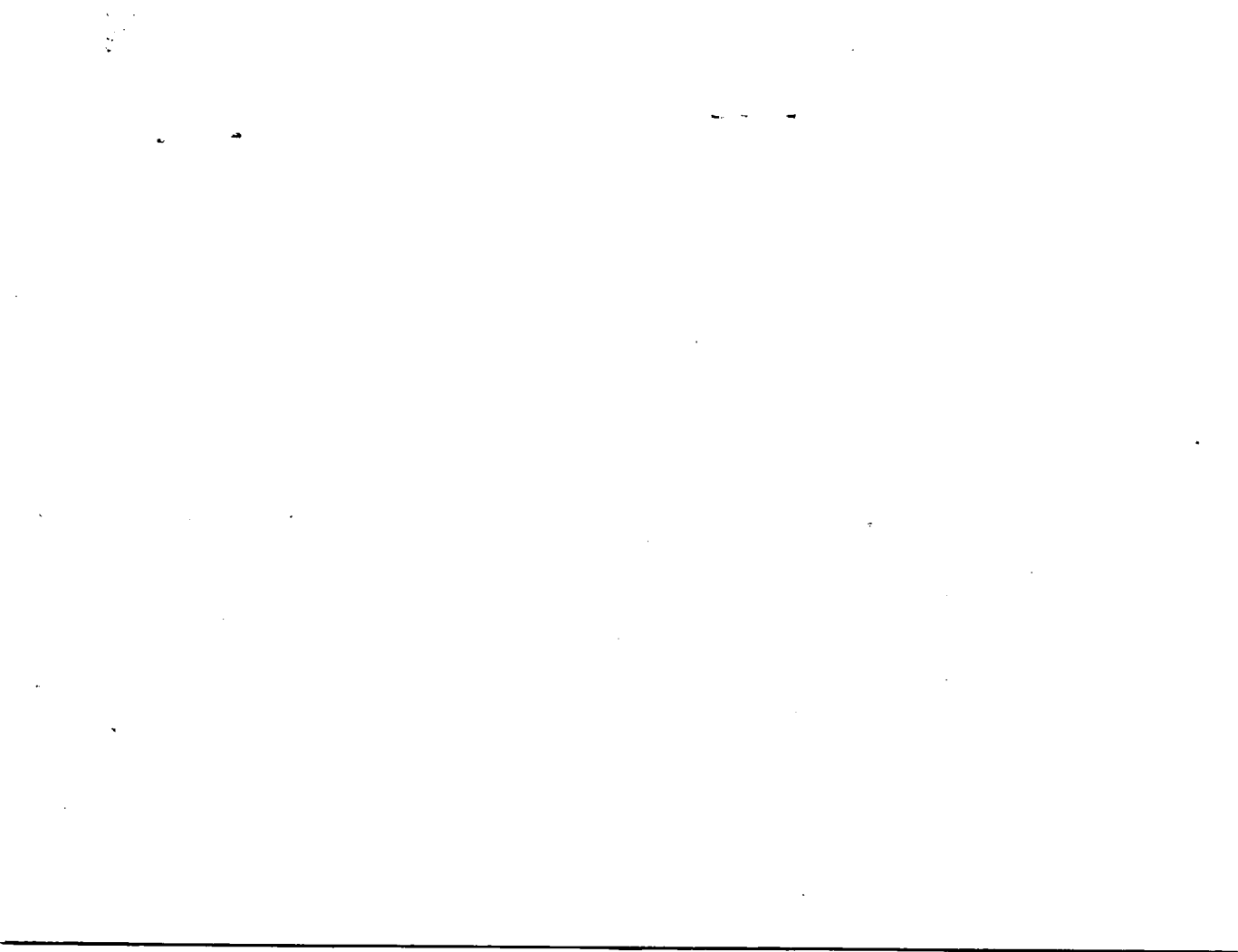
## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:27 P. M. on the date above stated.(Signature) O. F. Call

(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello, Ida.Filed 1-5 1934 D. C. Ray Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1934		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		86892	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		State File No.	
County of <u>Bannock</u>		Registration District No. <u>28</u>		Local Registrar's No. <u>296</u>	
City of <u>Postville</u>		Primary Registration District No. <u>2161</u>			
(No. <u>General Hosp.</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Shirley Lou Mast</u>					
(a) Residence. No. <u>925 W. Clark</u>		St. <u></u>			
(Usual place of abode)					
Length of residence in city or town where death occurred.		yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 26 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
			<u>6</u>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u></u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>					
10. Date deceased last worked at this occupation (month and year) <u></u>					
11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) <u>Postville</u> (State or country) <u>Idaho</u>					
MOTHER FATHER					
13. NAME <u>Clyde Mast</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Lulu Dennis</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Clyde Mast</u> (Address) <u>Postville Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Postville</u> Date <u>Dec 27 1933</u>					
19. UNDERTAKER <u>Howard General Hosp</u> (Address) <u>Postville Idaho</u>					
20. FILED <u>12-25, 1933</u> <u>B. C. Ray</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 26 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Postville</u> , 1933, to <u></u> , 1933. I last saw <u>Shirley Lou Mast</u> alive on <u></u> , 1933; death is said to have occurred on the date stated above, at <u></u> m. The principal cause of death and related causes of importance were as follows: <u>Obstruction of the Umbilical Cord by Placenta</u>					
Other contributory causes of importance: <u></u>					
Name of operation <u></u> Date of <u></u>					
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 1933. Where did injury occur? <u></u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u></u>					
Manner of injury <u></u>					
Nature of injury <u></u>					
24. Was disease or injury in any way related to occupation of deceased? <u></u> If so, specify <u></u> (Signed) <u>O. J. Keelt</u> M. D. (Address) <u>Postville Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 217527

1. PLACE OF BIRTH  
County of Bingham  
City of Aberdeen  
No. 639-2281006-295 St.

(If born in hospital or institution give name.)

Registration District No. 116 State File No. 2195

Prim. Registration District No. 2195 Local Registrar's No. 101

2. FULL NAME OF CHILD Stillborn Oliver

3. Sex Female If plural births { 4. Twin, triplet, or other ..... 6. Premature ..... 7. Legiti-  
8. Date of birth 12-24-33 1933  
(Month, Day, Year)

9. Full name FATHER James G. Oliver

18. Full maiden name MOTHER Marie King

10. Residence (usual place of abode) Aberdeen  
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Aberdeen  
(If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 42 (years)

20. Color or race W 21. Age at last birthday 42 (years)

13. Birthplace (city or place) Creel Springs  
(State or country) Ill

22. Birthplace (city or place) Black Hills  
(State or country) So. Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Now, 1933  
17. Total time (years) spent in this work 26

25. Date (month and year) last engaged in this work Now, 1933  
26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 2

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 11 AM on the date above stated.  
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) M. D.

or Father

Address Aberdeen Idaho

Filed 1933 M. C. McKinnon

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



**THE**

[illegible]

(a) From alive and now living (b) From alive but now dead (c) From dead

[illegible]

100-443887-100

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <span style="font-size: 1.5em;">86926</span>	
JAN 11 1934 <b>PLACE OF DEATH</b>		<b>CERTIFICATE OF DEATH</b>	
County of <u>Bingham</u>		State File No. ....	
City of <u>Aberdeen</u>		Local Registrar's No. <u>17</u>	
Registration District No. <u>116</u>			
Primary Registration District No. <u>2195</u>			
(No. ....) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn Oliver</u>			
(a) Residence. No. <u>Aberdeen, Idaho</u> St. ....			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (Write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Dec 24, 1933</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day, .... hrs. or .... min.
<b>OCCUPATION</b>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Aberdeen</u> (State or country) <u>Idaho</u>			
<b>FATHER</b>			
13. NAME <u>James G Oliver</u>			
14. BIRTHPLACE (city or town) <u>Creel Springs</u> (State or country) <u>Ill</u>			
<b>MOTHER</b>			
15. MAIDEN NAME <u>Marie King</u>			
16. BIRTHPLACE (city or town) <u>Black Hills</u> (State or country) <u>So. Dak</u>			
17. INFORMANT (Address) <u>Stillborn Oliver</u> <u>Aberdeen, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Aberdeen, Ida</u> Date <u>12-26-33</u> 193			
19. UNDERTAKER <u>Friends</u> (Address)			
20. FILED <u>12-26-33</u> 193 <u>M. C. Markum</u> Registrar.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
21. DATE OF DEATH (month, day, and year) <u>12-24-33</u> 193			
22. I HEREBY CERTIFY, That I attended deceased from ..... ....., 193....., to ..... I last saw him alive on ..... to have occurred on the date stated above, at <u>11:00 AM</u> The principal cause of death and related causes of importance were as follows: <u>Stillbirth from undetermined cause.</u> <u>No physician in attendance</u> Other contributory causes of importance:			
Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 193 Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury ..... Nature of injury .....			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>M. C. Markum</u> , M. D. (Address) <u>Aberdeen, Ida</u>			

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

635-2141009-249  
RECEIVED BIRTH JAN 2 1934STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-9-8-15

## CERTIFICATE OF BIRTH

S 217587

County of BonnerCity of BlackfootRegistration District No. 80

File No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_

Primary Registration District No. 2157Registered No. 8

Hospital \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Dec 14</u> 19 <u>33</u> (Month) (Day) (Year)
FULL NAME FATHER <u>F. B. Oliver</u>			FULL MAIDEN NAME MOTHER <u>Etta May Smith</u>	
RESIDENCE <u>Blackfoot</u>			RESIDENCE <u>White Blackfoot</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)	COLOR <u>white</u> AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>Higgins, Texas</u>			BIRTHPLACE <u>Rathdrum Ida</u>	
OCCUPATION <u>laborer</u>			OCCUPATION <u>Housewife</u>	

Number of child of this mother, including present birth 4 threeNumber of children of this mother now living, including present birth 1 one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

at G. I. M.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

F. B. OliverMrs Ada Ryan

(Physician or midwife)

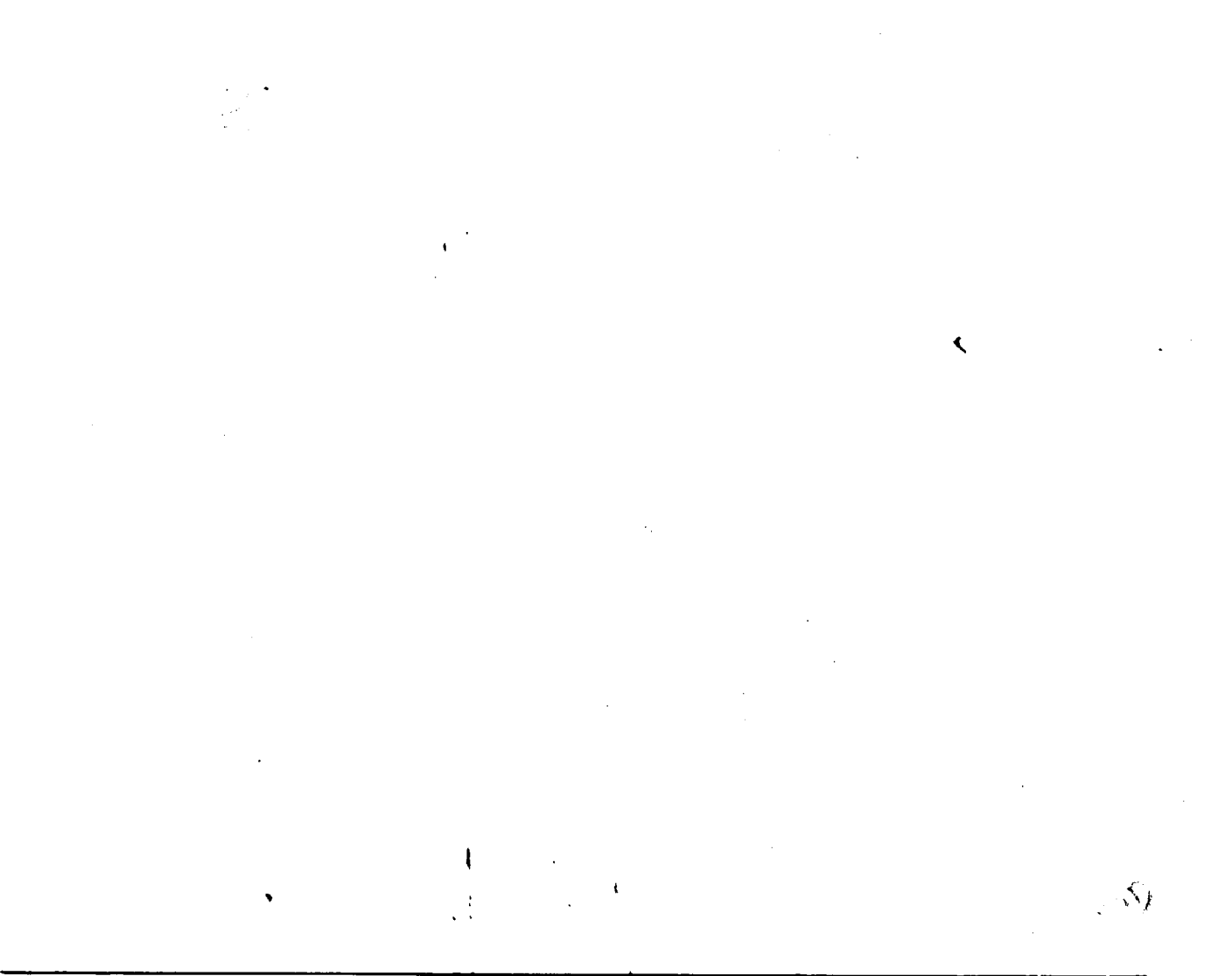
Given names added from a supplemental report.

19 \_\_\_\_\_

Address \_\_\_\_\_

Filed Dec 30 1933John Larsson

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

**RECEIVED** JAN 3 1934  
**STATE OF MISSOURI**  
**DEPARTMENT OF PUBLIC WELFARE**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF BIRTH** **S217603**

County of Sanborn  
 City of Sanborn  
 No. 334 St. 6th  
663-120-009-243  
 (If born in hospital or institution give name.)  
 Registration District No. 78 State File No. 2155  
 Prim. Registration District No. 2155 Local Registrar's No. 136  
**FULL NAME OF CHILD** Stillbirth  
 (If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>No</u>	and { Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Dec 20</u> 19 <u>33</u> (Month) (Day) (Year)
--------------------------	----------------------------------	---	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 1

<b>FATHER</b> FULL NAME <u>Ernest F. Tuley</u>	<b>MOTHER</b> FULL MAIDEN NAME <u>Ruth Buck</u>
---	--

Residence (Usual place of abode) Sanborn, Mo.

If non-resident, give place and State None

Color or race White Age at last Birthday 41 (Years)

Birthplace Lebanon, Mo. (City and State or County)

Occupation Physician

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Stillborn at 11:15 P. M. on the date above stated.

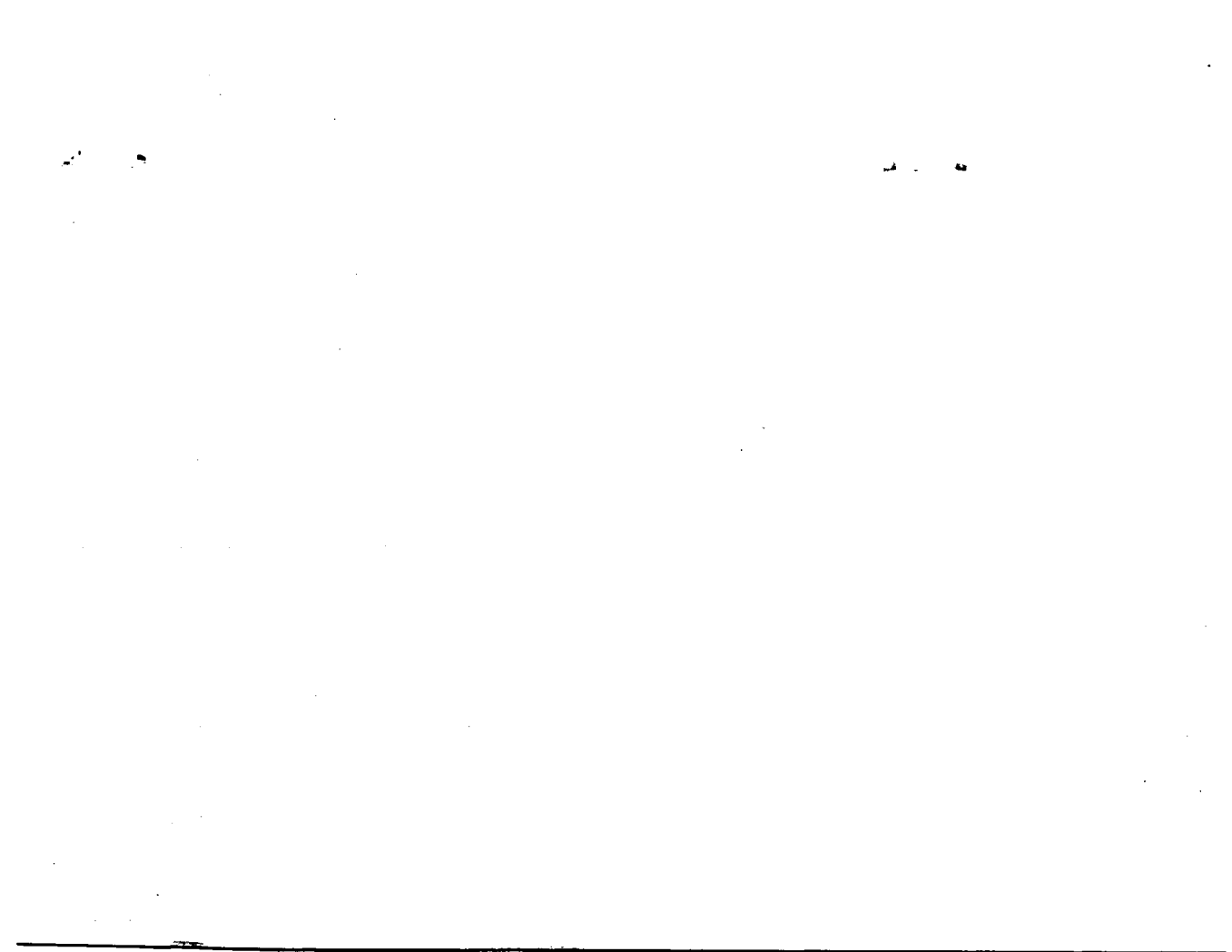
(Signature) Wm. F. Tyler, M.D.

(Physician or midwife)

Address Sanborn, Mo.

Filed Jan 2 1934 Viola Allen  
 Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 5 1934

## PLACE OF DEATH

County of Bonner  
City of Sandpoint

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155

DO NOT WRITE IN THIS SPACE

86935

State File No. ....

Local Registrar's No. 76

(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Wolf

(a) Residence. No. .... St. ....

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 20 1933

7. AGE Years Months Days If LESS than 1 day... hrs. or .... min.  
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (mo. and yr.) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sandpoint  
(State or country) Idaho.

13. NAME Ernest T. Wolf

14. BIRTHPLACE (city or town) Watkins  
(State or country) Iowa

15. MAIDEN NAME Ruth Buck

16. BIRTHPLACE (city or town) Shannon  
(State or country) Kans.

17. INFORMANT Ruth B. Wolf  
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Recreast Cem  
Place Sandpoint, Idaho Date Dec. 23, 1933

19. UNDERTAKER L. G. Moon  
(Address) Sandpoint, Idaho

20. FILED Dec 27, 1933 Viola Allen  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Dec 20, 1933.

I last saw him alive on ....., 193...; death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Premature fetal  
7 1/2 mfo.

Brach. presentation

Still born

Other contributory causes of importance:

Date of onset

Name of operation no Date of .....What test confirmed diagnosis clinical there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury, 193.

Where did injury occur? .....  
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. T. Tyler M. D.

(Address) Sandpoint, Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 4 1934

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 217746

1. PLACE OF BIRTH  
County of Clearwater  
City of Orfins  
No. 423-211-018 3659  
Burns Book  
(If born in hospital or institution give name.)  
Registration District No. 40 State File No. \_\_\_\_\_  
Prim. Registration District No. 2157 Local Registrar's No. 114

2. FULL NAME OF CHILD Verna Jean millard

3. Sex <u>female</u>	4. Twin, triplet, or other <u>no</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>12-11</u> , 19 <u>33</u> (Month, Day, Year)
9. Full name <u>Gerhard millard</u>	FATHER		18. Full maiden name <u>Ardis Hertaude Ferguson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race. <u>white</u>			12. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Idaho</u>			22. Birthplace (city or place) (State or country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>		
16. Date (month and year) last engaged in this work <u>now</u>			17. Total time (years) spent in this work <u>all life</u>		
19. _____			26. Total time (years) spent in this work <u>✓</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9 mo.</u> months or weeks <u>9 mo.</u> 30. Cause of stillbirth <u>Cord around leg could not release it</u> Before labor <u>✓</u> During labor <u>✓</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 1 9 m. on the date above stated.  
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. A. Shaw, M. D.  
or \_\_\_\_\_, Midwife  
Address Orfins Idaho  
Filed 12/36, 1933 W. A. Shaw  
Registrar. Registrar.

Give name added from a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

100

168-120-244-495

RECEIVED  
JAN 11 1933STATE OF IDAHO  
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

## CERTIFICATE OF BIRTH

S 217824

County of CarletonCity of HagermannRegistration District No. 21File No. 21No.        St.       Primary Registration District No. 21Registered No. 21Hospital       

FULL NAME OF CHILD

Mr. Edward JohnsonSex of  
ChildMTwin  
Triplet  
or other?

{ and }

Number  
in order  
of birth

(To be answered only in event of plural births)

Legiti-  
mate?YesDate of  
Birth10-20-33  
(Month) (Day) (Year)FULL  
NAMEGeo W. Johnson

FATHER

FULL  
MAIDEN  
NAMEBladys Thierd

MOTHER

RESIDENCE

Hagermann

RESIDENCE

Hagermann

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

COLOR

WhiteAGE AT LAST  
BIRTHDAY21

(Years)

BIRTHPLACE

Bellevue, Ida.

BIRTHPLACE

Hagermann

OCCUPATION

Farmer

OCCUPATION

HUNumber of child of this mother, including present birth, 1Number of children of this mother now living, including present birth, 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was        at 5 P. on the date above stated.{  
"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."  
}

Given names added from a supplemental report.

(Signature)

D. Geo Jennings

(Physician or midwife)

Address

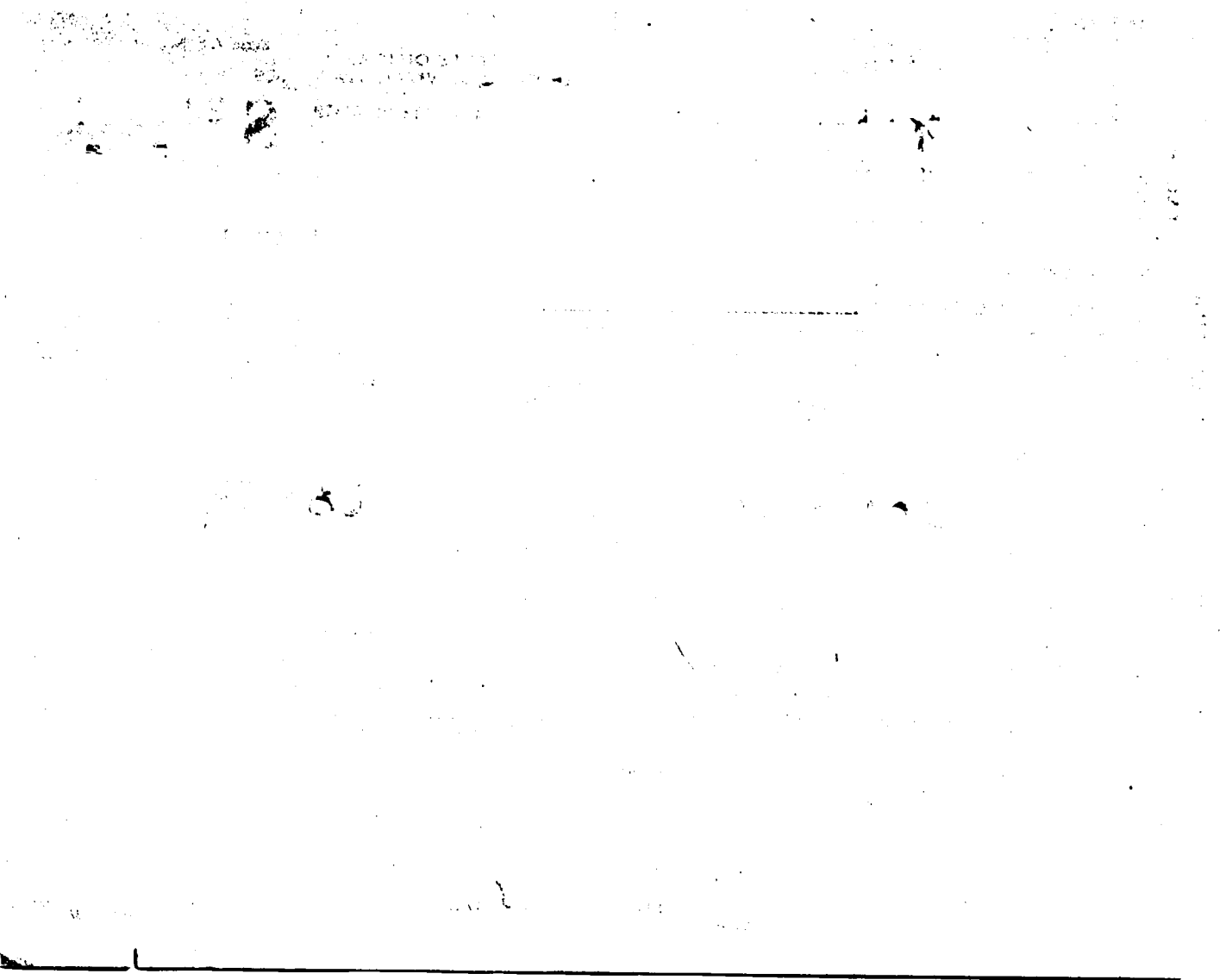
Bellevue, Ida.

Filed

Oct-25-33P. H. Greene

Registrar

Registrar



**MARGIN RESERVED FOR BINDING**

**WRITE PLAINLY. WITH UNFADING INK — THIS IS A PERMANENT RECORD**

**N. B.**—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED		JAN 11 1934		CERTIFICATE OF DEATH		State of Idaho BOARD OF HEALTH Bureau of Vital Statistics	
1. PLACE OF DEATH		Registration District No. 21		Primary Registration District No. 21		File No. 87052	
County of Gooding		(No. )		St. )		Registered No.	
City of Hagerman		If death occurs away from usual residence, give facts called for under special information.		2. FULL NAME Thomas Edward Johnson		If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Male		4. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant (Write the word.)			
6. DATE OF BIRTH Oct 20 1933 (Month) (Day) (Year)							
7. AGE Still born				IF LESS than 1 day how many hrs. or min.?			
8. OCCUPATION							
(a) Trade, profession or particular kind of work							
(b) General nature of industry, business or establishment in which employed (or employer)							
9. BIRTHPLACE Hagerman (State or Country)							
10. NAME OF FATHER W. Johnson							
11. BIRTHPLACE OF FATHER Idaho (State or Country)							
12. MAIDEN NAME OF MOTHER Gladys O. Johnson							
13. BIRTHPLACE OF MOTHER Idaho (State or Country)							
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. E. Johnson (Address) Hagerman							
15. Filed Oct 21 1933 R. H. Lane Local Registrar							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH Oct 20 1933 (Month) (Day) (Year)							
17. I HEREBY CERTIFY, That I attended deceased from 10-20-33 to 10-20-33 that I last saw him alive on Still born and that death occurred on the date stated above, at 5 P. M. The CAUSE OF DEATH* was as follows: Dyspnea in labor North glass construction of uterus (Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) J. E. Johnson M. D. 10-21-33 (Address) Puhl Ida							
*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.							
18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.) At place of death yrs. mos. days. In the State yrs. mos. days. Where was disease contracted if not at place of death? Former or usual residence							
19. PLACE OF BURIAL OR REMOVAL Hagerman DATE OF BURIAL Oct 21 1933							
20. UNDERTAKER none ADDRESS							

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

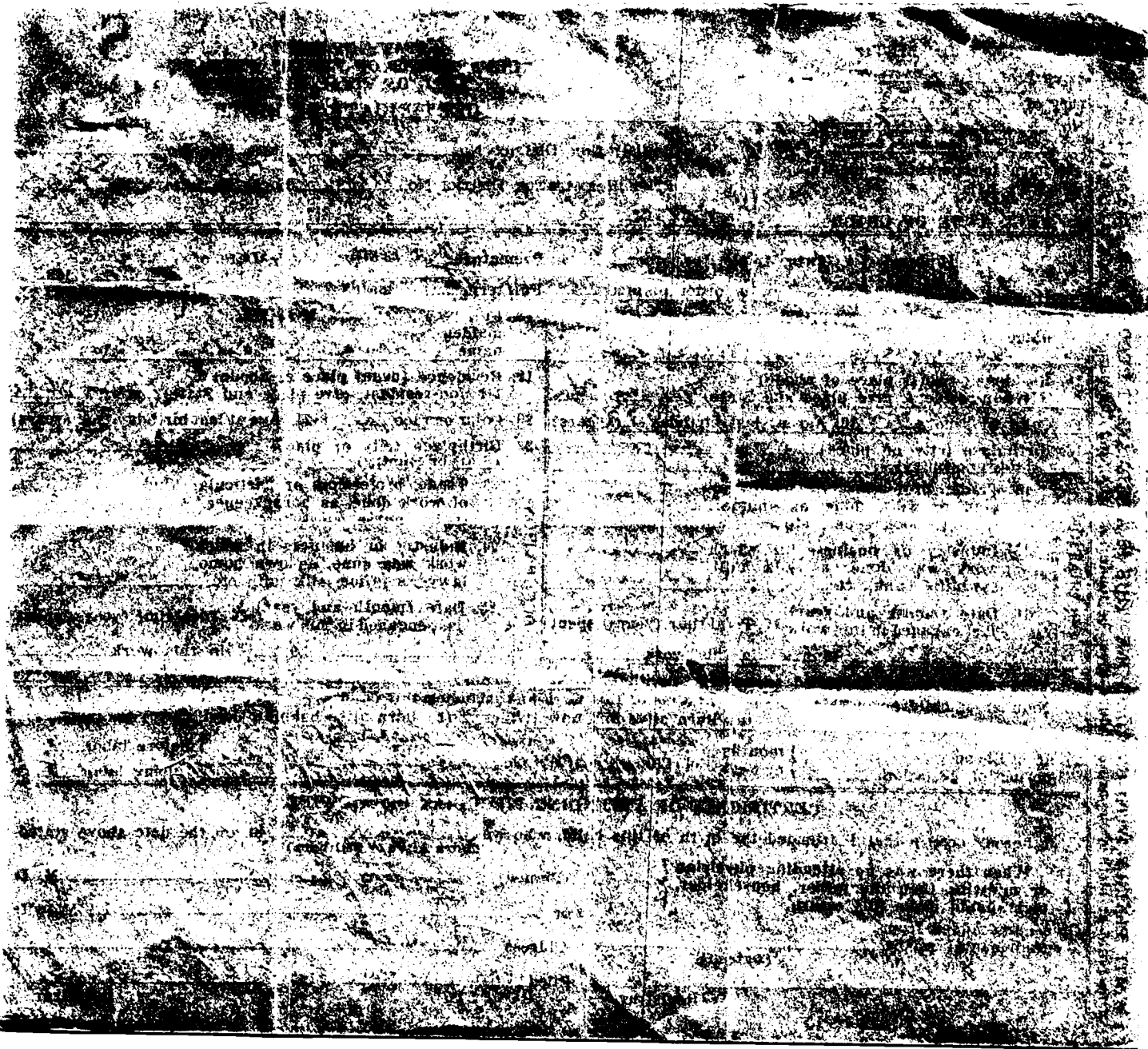
**STATEMENT OF CAUSE OF DEATH.**—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of birth stated.

PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 217879	
County of <u>Jefferson</u>		CERTIFICATE OF BIRTH			
City of <u>Roberts</u>		Registration District No. <u>48</u>		State File No. <u>2176</u>	
No. <u>623 109 224 864</u>		Prim. Registration District No. <u>2176</u>		Local Registrar's No. <u>223</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Sullivan Wilson</u>					
3. Sex <u>male</u>		4. Twin, triplet, or other		5. Number, in order of birth	
6. Premature <u>3 1/2</u>		7. Legitimate		8. Date of birth <u>Oct 2 1933</u>	
9. Full name <u>FATHER</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Menan Idaho</u>		11. Color or race <u>W</u>	
12. Age at last birthday <u>38</u> (years)		13. Birthplace (city or place) (State or country) <u>St Anthony Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farmer</u>		16. Date (month and year) last engaged in this work <u>seed house</u>		17. Total time (years) spent in this work	
18. Full maiden name <u>MOTHER</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Menan Idaho</u>		20. Color or race <u>W</u>	
21. Age at last birthday <u>38</u> (years)		22. Birthplace (city or place) (State or country) <u>Archer Idaho</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>log</u>		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>30</u> months or weeks <u>Before labor</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7:00 p.m.</u> on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>Dr. J. E. Beckwith</u> M. D.					
or <u>Midwife</u>					
Address <u>Roberts Idaho</u>					
Filed <u>JAN 10 1934</u> , 193 <u>3</u> <u>Dr. J. E. Beckwith</u> Registrar.					





WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1933

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

85975

State File No.

Local Registrar's No. 38

County of Jefferson

Registration District No. 98

City of Roberts

Primary Registration District No. 2176

(No. Jones Emergency Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Wilson.

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Babe

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day and year) October 9, 1933.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Roberts, Idaho.  
(State or country)

10. NAME OF FATHER Henry Lavern Wilson.

11. BIRTHPLACE OF FATHER (city or town) Twin Groves, Idaho.  
(State or Country)

12. MAIDEN NAME OF MOTHER Treva Young.

13. BIRTHPLACE OF MOTHER (city or town) Archer, Idaho.  
(State or Country)

14. Informant H L Wilson.  
(Address) Menan, Ida.

15. Filed 10-10, 1933

W. E. Eckhardt  
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

October 9 1933.  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH\* was as follows:

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.  
Roberts, Idaho

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial  
Annie Ida. 10-10 1933

20. Undertaker Address  
W. E. Eckhardt Rigby.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH.**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS.**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

# PLACE OF BIRTH

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S *Jan*

### CERTIFICATE OF BIRTH

218003

County of *Ben. Angel*  
City of *Swanton*  
No. *St Joseph* St.

Registration District No. *1009* State File No. \_\_\_\_\_

(If born in hospital or institution  
give name)

Birth Registration District No. *96* Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD *Hillbirth*

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <i>female</i>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <i>yes</i>	Date of birth <i>Dec 18 1933</i> (Month) (Day) (Year)
----------------------------	------------------------------	-----------	--------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? *no*

Number of child of this mother, including present birth *4th* (a) Born alive and now living *3*

Born alive but now dead *none* Stillborn *one*

FATHER FULL NAME <i>Darryl H. Parnas</i>	FULL MAIDEN NAME <i>Verde May Gault</i>
---	---

Residence (Usual place of abode) *Swanton, Ochaad, Idaho*

If non-resident, give place and State \_\_\_\_\_

Color or race *White* Age at last Birthday *34* (Years)

Birthplace *Idaho* (City and State or County)

Occupation *Track Worker*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

*Born alive*

I hereby certify that I attended the birth of this child, who was *Stillborn* M.  
on the date above stated.

(Signature) *Paul Johnson*

(Physician or midwife)

Address *Swanton, Idaho*

Filed *Jan 2 1934*

Registrar. *J. M. Lyle*

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CHILDREN OF THE STATE OF NEW YORK  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF STATE STATISTICS  
 CERTIFICATE OF BIRTH

STATE OF NEW YORK  
 DEPARTMENT OF PUBLIC WELFARE  
 BUREAU OF STATE STATISTICS  
 CERTIFICATE OF BIRTH

Registered District No. \_\_\_\_\_  
 Local Registrar's No. \_\_\_\_\_  
 (If child is subject to the word "subject" for name of child)

Child's Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Time of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 (To be filled out by the Registrar)

What prophylactic was used to prevent Syphilis Infection? \_\_\_\_\_  
 (If none, state "None")

Number of child in family: \_\_\_\_\_  
 Order of birth: \_\_\_\_\_  
 Name of Mother: \_\_\_\_\_  
 Name of Father: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_  
 (If deceased, state date of death)

Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 (If deceased, state date of death)

Name of State or County: \_\_\_\_\_  
 Name of City or Town: \_\_\_\_\_  
 Name of Precinct: \_\_\_\_\_  
 Name of Registrar: \_\_\_\_\_  
 Name of Attending Physician: \_\_\_\_\_

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
 on the date above stated.  
 (Signature) \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 (If deceased, state date of death)

Where there was no attending physician  
 or midwife, then the father, grandfather  
 or other person should make this return. A statement  
 that no one was present at the birth  
 will not be accepted.

Dr. Johnson

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 8 1934

## PLACE OF DEATH

County of Naz PerceCity of Lewiston

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 1009Primary Registration District No. 96(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant daughter of Harry Isoman(a) Residence. No. St. Lewiston, Ida.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston  
(State or country) Idaho

13. NAME Harry Isoman

14. BIRTHPLACE (city or town) Lewiston,  
(State or country) Idaho

15. MAIDEN NAME Verde May Gassett

16. BIRTHPLACE (city or town) Missouri  
(State or country)

17. INFORMANT Harry Isoman  
(Address) Lewiston, Idaho

18. BURIAL, CREMATION, OR REMOVAL  
Place Lewiston, Idaho Date Jan 2, 1934

19. UNDERTAKER Vassar-Shaughnessy Mortuary  
(Address) Lewiston, Idaho

20. FILED Jan 2, 1934 J. M. Lyle  
Registrar.

DO NOT WRITE IN THIS SPACE

87146

State File No.

Local Registrar's No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 18, 1933

I last saw her alive on still born, 1933: death is said

to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

still born. Had been  
dead several days  
the mother had symptoms of  
pregnancy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul W. Johnson, M.D.

(Address) Lewiston, Idaho

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED BY BIRTH

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S *Jms*

County of *Blaine*  
City of *Bozeman*  
No. *St Joseph* St.

CERTIFICATE OF BIRTH 218004

Registration District No. *12 29* State File No. *12 29*  
(If born in hospital or institution give name.) Prim. Registration District No. *12 29* Local Registrar's No. *Stillbirth*  
FULL NAME OF CHILD *Lila*  
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <i>Female</i>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth.	Legiti- mate? <i>Yes</i>	Date of birth <i>Dec 15 1933</i> (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? <i>10% Silver nitrate</i>				
Number of child of this mother, including present birth. (a) Born alive and now living. <i>0</i>				
Born alive but now dead. <i>0</i> Stillborn <i>1</i>				
FATHER FULL NAME <i>Burford Brooks</i>		FULL MAIDEN NAME <i>Verna Duke</i>		
Residence (Usual place of abode) <i>Bozeman, Idaho</i>		Residence (Usual place of abode) <i>Bozeman, Idaho</i>		
If non-resident, give place and State.		If non-resident, give place and State.		
Color or race <i>White</i> Age at last Birthday <i>23</i> (Years)		Color or race <i>White</i> Age at last Birthday <i>22</i> (Years)		
Birthplace <i>Idaho</i> (City and State or County)		Birthplace <i>Idaho</i> (City and State or County)		
Occupation <i>Delivery Truck Driver</i>		Occupation <i>Housewife</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Stillborn* at *1:40 P.* M.  
on the date above stated.

(Signature) *Paul H. Johnson*  
(Physician or midwife)

Address *Bozeman, Idaho*

Filed *Jan 6 1934* *Idaho* Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.





N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 6 1934		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 87148	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Nez Perce</u>		Registration District No. <u>1009</u>		Local Registrar's No. _____	
City of <u>Lewiston</u>		Primary Registration District No. <u>96</u>			
(No. <u>St. Joseph Hospital</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Kay Maryn Brooks</u>					
(a) Residence. No. <u>1216 - N. Lewiston, Ida</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 15, 1933</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Buford Brooks</u>					
14. BIRTHPLACE (city or town) <u>Arkansas</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Vernar Gehrke</u>					
16. BIRTHPLACE (city or town) <u>Montana</u> (State or country)					
17. INFORMANT <u>W. A. Brooks</u> (Address) <u>Lewiston, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lewiston, Idaho</u> Date <u>12/15/33</u>					
19. UNDERTAKER <u>Brower-Wann Co.</u> (Address) <u>Lewiston, Idaho</u>					
20. FILED <u>Jan 4, 1934</u> <u>J. M. Lyle</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 15, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 15, 1933</u> to <u>Dec 15, 1933</u>					
I last saw h—alive on <u>still born</u> , 1933; death is said to have occurred on the date stated above, at <u>8:30 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>still born - brain hem- orage from difficult delivery.</u>					
Other contributory causes of importance:					
Name of operation <u>forensic</u> Date of <u>Dec 15-33</u>					
What test confirmed diagnosis? <u>Was there an autopsy?</u> <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193__					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Paul W. Salomon</u> , M. D.					
(Address) <u>Clarkston, Washington</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED 2035-381  
JAN 13 1934

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 218012

County of Idaho  
City of Idaho Falls  
No. 1 St. St. Joseph's Hospital  
(If born in hospital or institution give name.)

Registration District No. 1009 State File No. 218012  
Prim. Registration District No. 96 Local Registrar's No. 1

2. FULL NAME OF CHILD Dorothy Jean Richmond

3. Sex Female 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature Full term 7. Legitimate? yes 8. Date of birth Dec 4, 1933  
(MONTH, DAY, YEAR)

9. Full name Charles C. Richmond FATHER  
10. Residence (usual place of abode) Charles St. W.  
(If non-resident, give place and State)  
11. Color or race White 12. Age at last birthday 29 (years)  
13. Birthplace (city or place) Prescott W.  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salmon  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stationery  
16. Date (month and year) last engaged in this work Dec 4, 1933  
17. Total time (years) spent in this work 3

18. Full maiden name Stella Chapman MOTHER  
19. Residence (usual place of abode) Charles St. W.  
(If non-resident, give place and State)  
20. Color or race W. 21. Age at last birthday 21 (years)  
22. Birthplace (city or place) Alberta Canada  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
25. Date (month and year) last engaged in this work 19  
26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1  
28. If stillborn, period of gestation Term months or weeks 29. Cause of stillbirth Bacterial presentation deficiency Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:50 p. m. on the date above stated.  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) Dr. J. M. Taylor M. D.

Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_

or \_\_\_\_\_ Midwife  
Address Leicester Idaho  
Filed Jan 2, 1934 J. M. Taylor Registrar.

Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's annual message to Congress. The letter is written in a very formal and dignified style, and it is one of the most important documents in the history of the United States. It is a document that has been read and studied by many generations of Americans, and it is a document that has played a major role in the development of the United States. The letter is a very important document, and it is one of the most important documents in the history of the United States. It is a document that has been read and studied by many generations of Americans, and it is a document that has played a major role in the development of the United States.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very important document, as it contains the President's annual message to Congress. The letter is written in a very formal and dignified style, and it is one of the most important documents in the history of the United States. It is a document that has been read and studied by many generations of Americans, and it is a document that has played a major role in the development of the United States. The letter is a very important document, and it is one of the most important documents in the history of the United States. It is a document that has been read and studied by many generations of Americans, and it is a document that has played a major role in the development of the United States.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
<b>PLACE OF DEATH</b>		<b>CERTIFICATE OF DEATH</b>		State File No. <b>87154</b>	
County of <u>Nez Perce</u>		Registration District No. <u>1009</u>		Local Registrar's No. _____	
City of <u>Lewiston</u>		Primary Registration District No. <u>46</u>			
(No. <u>St. Joseph's Hosp</u> )		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Dorothy Jean Richmond</u>					
(a) Residence. No. _____		St. <u>Clarkston, Idaho</u>		(If nonresident give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 4, 1933</u>					
7. AGE	Years <u>1</u>	Months <u>1</u>	Days <u>1</u>	If LESS than 1 day, hrs. or min.	
<b>OCCUPATION</b>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>					
<b>MOTHER</b>					
13. NAME <u>C. C. Richmond</u>					
14. BIRTHPLACE (city or town) <u>Prescott</u> (State or country) <u>Wn.</u>					
15. MAIDEN NAME <u>Stella Chapman</u>					
16. BIRTHPLACE (city or town) <u>Alberta</u> (State or country) <u>Canada</u>					
17. INFORMANT <u>C. C. Richmond</u> (Address) <u>Lewiston, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Spokane, Wash.</u> Date <u>Dec 7, 1933</u>					
19. UNDERTAKER <u>Brower-Wann Co.</u> (Address) <u>Lewiston, Idaho</u>					
20. FILED <u>Dec 6, 1933</u> <u>J. M. Lyle</u> Registrar.					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
21. DATE OF DEATH (month, day, and year) <u>Dec. 4, 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 4</u> , 193 <u>3</u> , to <u>Dec 4</u> , 193 <u>3</u> .					
I last saw him alive on <u>Dec 4</u> , 193 <u>3</u> ; death is said to have occurred on the date stated above, at <u>4 p.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stip form -</u>					
Other contributory causes of importance:					
<u>Contracted pertussis</u> <u>Buttled presentation</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>3</u> .					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>William H. Habel</u> , M. D.					
(Address) <u>Lewiston, Idaho</u>					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218029

1. PLACE OF BIRTH  
County of Nez Perce  
City of Caldwell Idaho  
No. St.

Registration District No. 128 State File No. \_\_\_\_\_

(If born in hospital or institution give name.)

Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD Stillbirth

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Legitimate \_\_\_\_\_ 8. Date of birth 12-18-1933 (Month, Day, Year)

9. Full name FATHER Allen D. Newman

18. Full maiden name MOTHER Louise Hergus

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Idaho

11. Color or race White 20. Age at last birthday 28 (years)

21. Color or race White 22. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Nez Perce Idaho

23. Birthplace (city or place) (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Store

25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 12-18-33 17. Total time (years) spent in this work \_\_\_\_\_

26. Date (month and year) last engaged in this work 12-18-33 27. Total time (years) spent in this work \_\_\_\_\_

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Nine months or weeks 30. Cause of stillbirth Not known Before labor Yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 P.M. on the date above stated. (Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) George Guinard, M. D. or \_\_\_\_\_, Midwife

Address Caldwell Idaho

Filed See, 193 George Guinard, Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



2

UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-388610)  
FROM : SAC, NEW YORK (100-100000) (P)  
SUBJECT: [REDACTED] (C)  
RE: [REDACTED] (C)

DATE: 10/10/60  
TIME: 10:10 AM  
BY: [REDACTED]  
TITLE: [REDACTED]

1. [REDACTED] (C)  
2. [REDACTED] (C)  
3. [REDACTED] (C)  
4. [REDACTED] (C)  
5. [REDACTED] (C)

6. [REDACTED] (C)  
7. [REDACTED] (C)  
8. [REDACTED] (C)  
9. [REDACTED] (C)  
10. [REDACTED] (C)

11. [REDACTED] (C)  
12. [REDACTED] (C)  
13. [REDACTED] (C)  
14. [REDACTED] (C)  
15. [REDACTED] (C)

16. [REDACTED] (C)  
17. [REDACTED] (C)  
18. [REDACTED] (C)  
19. [REDACTED] (C)  
20. [REDACTED] (C)

21. [REDACTED] (C)  
22. [REDACTED] (C)  
23. [REDACTED] (C)  
24. [REDACTED] (C)  
25. [REDACTED] (C)

26. [REDACTED] (C)  
27. [REDACTED] (C)  
28. [REDACTED] (C)  
29. [REDACTED] (C)  
30. [REDACTED] (C)

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 8 1934

1. PLACE OF BIRTH

County of Oregon  
City of Lawson  
No. 537-103-236-693 St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **218031**

Registration District No. 26 State File No. 2069  
Prim. Registration District No. 2069 Local Registrar's No. 118

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other <u>—</u>	5. Number, in order of birth <u>—</u>	6. Premature <u>20</u> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>12/13</u> , 193 <u>3</u> (MONTH, DAY, YEAR)
9. Full name <u>Carl A. Evans</u>	FATHER			18. Full maiden name <u>Emelha Williams</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Oregon</u>				19. Residence (usual place of abode) (If non-resident, give place and state) <u>Oregon</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) (State or country) <u>Malheur Idaho</u>				22. Birthplace (city or place) (State or country) <u>Oregon Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>—</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>	
	16. Date (month and year) last engaged in this work <u>—</u>				25. Date (month and year) last engaged in this work <u>—</u>	
17. Total time (years) spent in this work <u>Life</u>			26. Total time (years) spent in this work <u>—</u>			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>—</u>						
28. If stillborn, period of gestation <u>—</u> months or weeks			29. Cause of stillbirth <u>Deceased</u>			
			Before labor <u>—</u> During labor <u>—</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Delivered 6:30 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report —

(DATE OF)

(Signed) J. M. Harris, M. D.

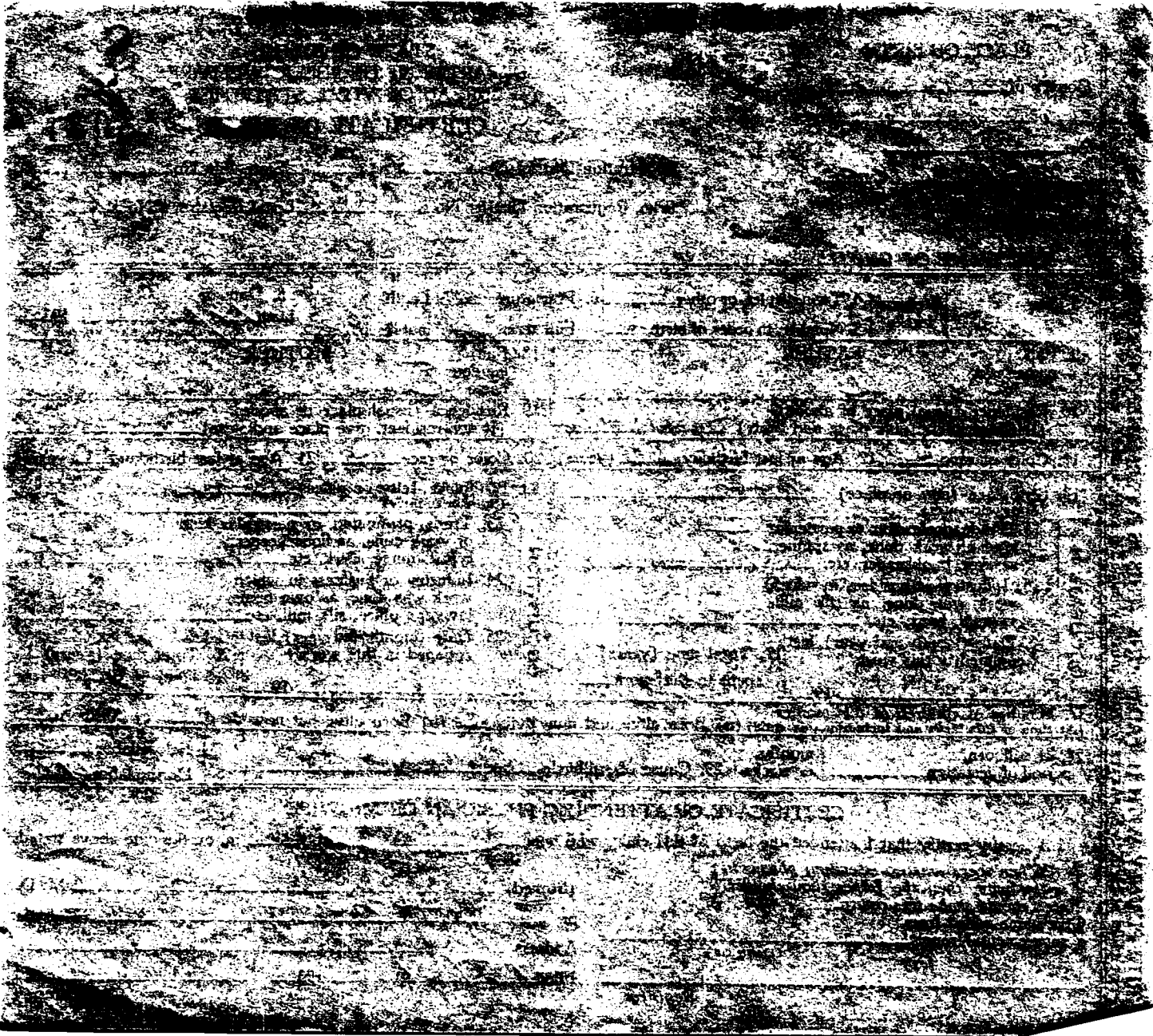
or J. H. Harris, —

Address Malheur Idaho

Filed 12/31, 1933 J. M. Harris

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 30 1934

## PLACE OF DEATH

County of Oneida  
City of Samaria

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. 87568

Registration District No. 26  
Primary Registration District No. 2669

Local Registrar's No. 37

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Carl Williams Evans(a) Residence. No. Samaria Idaho St.

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 3 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Samaria Idaho  
(State or country)

13. NAME William Carl A Evans

14. BIRTHPLACE (city or town) Malad Idaho  
(State or country)

15. MAIDEN NAME Ann Eunella Williams

16. BIRTHPLACE (city or town) Samaria Idaho  
(State or country)

17. INFORMANT Carl A Evans  
(Address) Samaria Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial  
Place Samaria Ida Date Dec 3, 1933

19. UNDERTAKER J. Ben Benson  
(Address) Malad Idaho

20. FILED 12/31, 1933 J. M. Kern  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933, to Dec 3, 1933.

I last saw deceased, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Date of onset:

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased

If so, specify \_\_\_\_\_  
(Signed) J. M. Kern

(Address) Samaria Idaho

Year	For
1994	100
1995	100
1996	100
1997	100
1998	100
1999	100
2000	100
2001	100
2002	100
2003	100
2004	100
2005	100
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2098	100
2099	100
2100	100

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED PLACE OF BIRTH JAN 3 1934

County of Teton  
City of Victor  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH- 218085

(If born in hospital or institution  
give name.)

Registration District No. 77 State File No. \_\_\_\_\_

Prim. Registration District No. 2176 Local Registrar's No. 40

FULL NAME OF CHILD

Stillbirth Cherry  
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Girl</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth _____
(To be answered only in event of plural births)				(Month) <u>11</u> (Day) <u>24</u> (Year) <u>1934</u>	

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_

Born \_\_\_\_\_ but now dead Still born Stillborn \_\_\_\_\_

FULL NAME <u>Thomas Wesley Cherry</u>	FATHER	FULL MAIDEN NAME <u>Abbie Adell Hatch</u>	MOTHER
---------------------------------------	--------	---	--------

Residence (Usual place of abode) Victor Idaho Residence (Usual place of abode) Victor Idaho

If non-resident, give place and State \_\_\_\_\_ If non-resident, give place and State \_\_\_\_\_

Color or race White Age at last Birthday 36 Color or race White Age at last Birthday 36

Birthplace Victor Idaho (City and State or County) Birthplace Victor Idaho (City and State or County)

Occupation farmer or laborer Occupation house keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was { Born alive }  
on the date above stated. { Stillborn } at 1 A. M.

(Signature) Mrs. D. B. Curtis

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)  
Address Victor Idaho  
Filed Jan 1 1934 Abbie M. Greene Registrar.

CHILD OF THE STATE OF NEW YORK  
IN SENATE  
JANUARY 1, 1910  
REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES  
ON THE CHILDREN OF THE STATE OF NEW YORK  
WHO ARE IN THE CARE OF THE STATE

PLATE NO. 1  
NAME OF CHILD  
DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
RESIDENCE  
PARENTS  
SIBLINGS  
OTHER RELATIVES  
OTHER INFORMATION

CHILD NAME OF CHILD

DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
RESIDENCE  
PARENTS  
SIBLINGS  
OTHER RELATIVES  
OTHER INFORMATION

DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
RESIDENCE  
PARENTS  
SIBLINGS  
OTHER RELATIVES  
OTHER INFORMATION

DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
RESIDENCE  
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SIBLINGS  
OTHER RELATIVES  
OTHER INFORMATION

DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
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OTHER INFORMATION

DATE OF BIRTH  
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DATE OF BIRTH  
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EDUCATION  
OCCUPATION  
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PARENTS  
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OTHER RELATIVES  
OTHER INFORMATION

STATE OF NEW YORK  
DEPARTMENT OF SOCIAL SERVICES  
BUREAU OF CHILDREN  
CERTIFICATE OF BIRTH

NAME OF CHILD  
DATE OF BIRTH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
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PARENTS  
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NAME OF CHILD  
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NAME OF CHILD  
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SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
RESIDENCE  
PARENTS  
SIBLINGS  
OTHER RELATIVES  
OTHER INFORMATION

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1934

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

87190

State File No. ....

## PLACE OF DEATH

County of IdahoCity of Victor Idaho

## CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176Local Registrar's No. 14(No. ....)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillbirth

(a) Residence. No. .... St. ....

(Usual place of abode) (If nonresident give city or town and state)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov: 24 - 38

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Victor Idaho  
(State or country)13. NAME Thomas W. Cherry14. BIRTHPLACE (city or town) Victor Idaho  
(State or country)15. MAIDEN NAME Elbie Adell Hatch16. BIRTHPLACE (city or town) Victor Idaho  
(State or country)17. INFORMANT Thomas W. Cherry  
(Address) Victor Idaho18. BURIAL, CREMATION, OR REMOVAL  
Place Victor Cemetery date Nov 28 193319. UNDERTAKER  
(Address)20. FILED Jan 1, 1934 Abrie M. Greene  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov: 24 - 193322. I HEREBY CERTIFY, That I attended deceased from  
....., 193....., to....., 193.....I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:No Cause Known

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abrie M. Greene Registrar(Address) Idaho



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

RECEIVED JAN 5 1934  
PLACE OF BIRTH

County of Idaho  
City of Driggs, Idaho  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

218088

Registration District No. 77 State File No. \_\_\_\_\_

(If born in hospital or institution  
give name.)

Prim. Registration District No. 2174 Local Registrar's No. 42

FULL NAME OF CHILD

Stillbirth Carlson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>♂</u>	Twin Triplet or other? _____	and	Number in order of birth _____	Legiti- mate? <u>+</u>	Date of birth <u>12/29</u>	19 <u>33</u>	
(To be answered only in event of plural births)					(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 7 (a) Born alive and now living 5

Born alive but now dead 0 Stillborn 2

FULL NAME <u>Carl A. Carlson</u>	FATHER	FULL MAIDEN NAME <u>Harry Leah Wassell</u>	MOTHER
----------------------------------	--------	--	--------

Residence (Usual place of abode) Driggs, Idaho, U.S.A.

If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last Birthday 37 (Years)

Birthplace Idaho, U.S.A. (City and State or County)

Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 P. M.  
on the date above stated.

(Signature) L. T. F. Farnum, M.D.

(Physician or midwife)

Address Driggs, Idaho

Filed Jan 1 - 1934 Abbie M. Greene

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED  
 DEPARTMENT OF PUBLIC HEALTH  
 BUREAU OF VITAL STATISTICS  
 STATE OF ILLINOIS  
 CHICAGO, ILL.  
 JAN 11 1918

114088

CERTIFICATE OF BIRTH

Registration District No. 11  
 Local Health District No. 1  
 In a birth registration the words "and in the year" are to be written in the space provided for the date of birth.

Legally  
 Name of  
 Date of  
 Birth  
 Month  
 Year

Was used to prevent duplication?  
 (a) Born alive and now living

NAME  
 MALE  
 FEMALE  
 CHILD

Residence (Usual place of abode)  
 Color or race  
 Birthplace  
 (City and State or Country)  
 Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I, \_\_\_\_\_, do hereby certify that I attended the birth of the child, who was \_\_\_\_\_ at \_\_\_\_\_

(Signature)  
 Address

There was no attending physician or midwife present at the birth of the child. A stillborn child was the result. A stillborn child is one that neither cries nor shows any evidence of life after birth.

RECEIVED

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of LetonCity of Briggs R.F.D.

## CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176State File No. 87187Local Registrar's No. 12(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillborn(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Dec-29-1933

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. \_\_\_\_\_9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. \_\_\_\_\_10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (city or town) Briggs Idaho R.F.D.  
(State or country)

MOTHER FATHER

13. NAME Carl A. Carlson14. BIRTHPLACE (city or town) Utah  
(State or country)15. MAIDEN NAME Mary Leah Paddell16. BIRTHPLACE (city or town) Utah  
(State or country)17. INFORMANT  
(Address) Carl A. Carlson  
Briggs Idaho R.F.D.

18. BURIAL, CREMATION OR REMOVAL

Place Pratt Cemetery Date Jan 1, 193419. UNDERTAKER W. M. Hansen  
(Address) St. Anthony20. FILED Jan 1, 1934 Libe M. Greene  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_, 193\_\_\_\_, to \_\_\_\_\_, 193\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 193\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance  
were as follows:

Date of onset

Still born. Dead  
about 24 hours.

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) K. J. Padua, M. D.(Address) Briggs Idaho

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH  
235-121-011-235  
County of Washington  
City of Madras  
No. \_\_\_\_\_ St. \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **218149**

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby. Steward.

3. Sex male. If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 31 Dec. 1933  
(MONTH, DAY, YEAR)

9. Full name FATHER Jas. W. Steward 18. Full maiden name MOTHER Pearl Stuppich  
10. Residence (usual place of abode) Madras 19. Residence (usual place of abode) Madras  
(If non-resident, give place and State) (If non-resident, give place and state)

11. Color or race W. 12. Age at last birthday 43 (years) 20. Color or race W. 21. Age at last birthday 41 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho  
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work <u>4 1/2</u>
OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

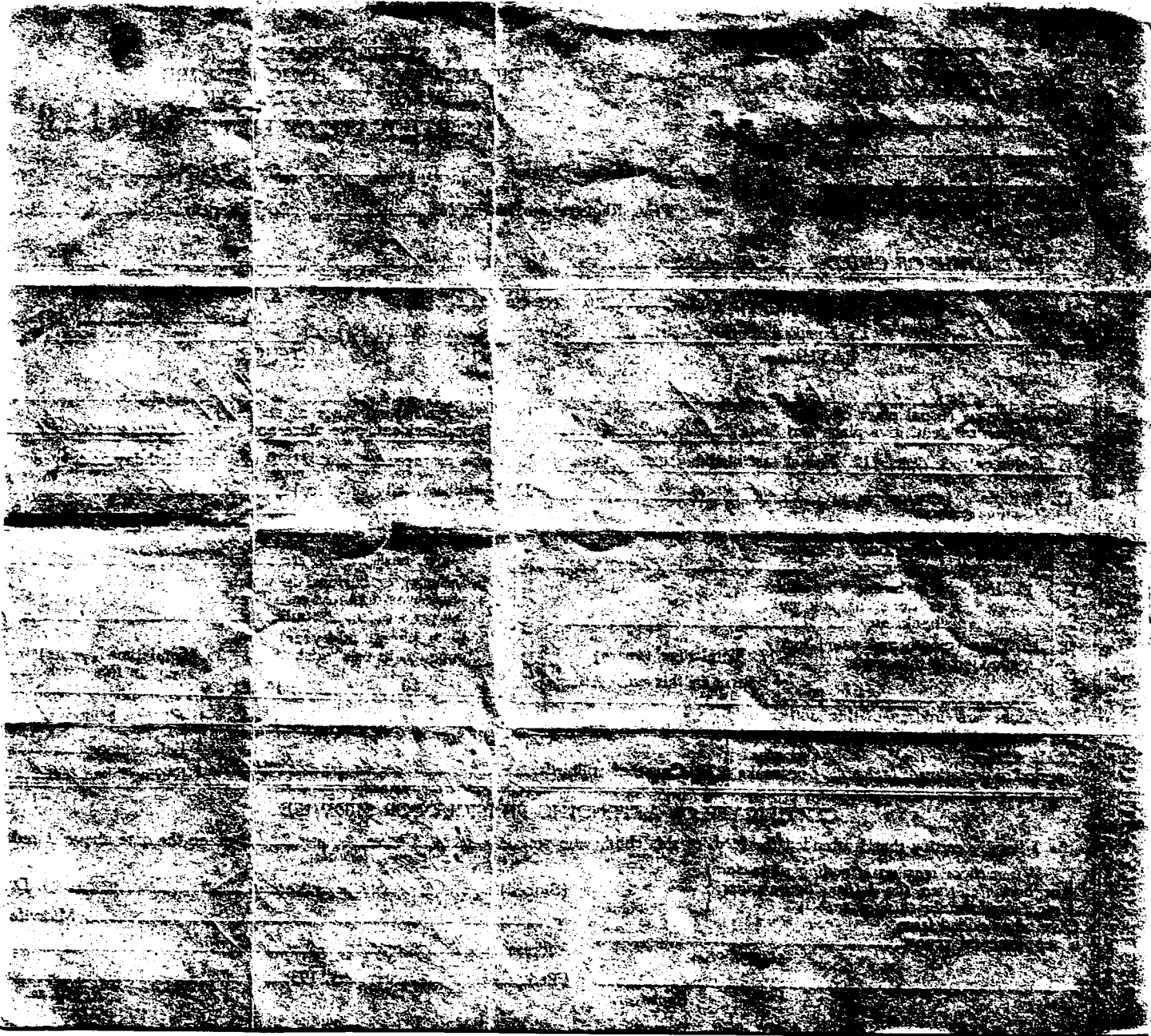
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn, period of gestation 9 months { months or weeks } 29. Cause of stillbirth hour glass contraction { Before labor \_\_\_\_\_ During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 8 a.m. on the date above stated.  
(BORN ALIVE OR STILLBORN)  
(Signed) F. A. Chmura, M. D.  
or \_\_\_\_\_, Midwife  
Address W. H. S. S. S. S.  
Filed 1-1-34 1934 R. E. T. WHITEMAN  
Cambridge, Mass. Registrar.

When there was no attending physician { or midwife, then the father, householder, etc., should make this return.  
Give name added from a supplemental report \_\_\_\_\_  
(DATE OF) \_\_\_\_\_  
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED EB 13 1934

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 87640 State File No.	
PLACE OF DEATH <u>Washington</u> County of <u>Madison</u> City of <u>Madison</u> Registration District No. <u>88</u> Primary Registration District No. _____ Local Registrar's No. _____			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Stewart</u> 206			
(a) Residence. No. <u>Madison-Idaho</u> St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Dec. 23-1933</u>			
7. AGE	Years	Months	Days
<u>Still born</u>			
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
10. Date deceased last worked at this occupation (month and year) <u>0</u>			
11. Total time (years) spent in this occupation <u>0</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Madison-Ida.</u>			
13. NAME <u>James Stewart</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Uncertain</u>			
15. MAIDEN NAME <u>Pearl Stippich</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Madison-Ida.</u>			
17. INFORMANT <u>Edith Hill</u>			
(Address) <u>West 1st St.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>West 1st St.</u> Date <u>12-30-1933</u>			
19. UNDERTAKER <u>T. H. Hudelson</u>			
(Address) <u>Cambridge-Idaho</u>			
20. FILED <u>1-18-1934</u>			
Registral.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>12-23-1933</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>12-23-1933</u> , to <u>12-23-1933</u>			
I last saw <u>deceased</u> on <u>Still born</u> , 1933; death is said to have occurred on the date stated above, at <u>2</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Intra-uterine Asphyxia due to constriction of cord</u>			
Other contributor causes of importance: <u>Hour-glass contraction of maternal uterus preceding labor</u>			
Name of operation <u>None</u> Date <u>12-23-33</u>			
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) all in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1933.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
If so, specify _____			
(Signed) <u>T. F. Schmitz</u> M. D.			
(Address) <u>West 1st St.</u>			



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
<b>Other CONTRIBUTORY CAUSES of importance:</b>	
<i>Gallstones</i>	<i>May 1, 1923</i>

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED FEB 14 1934**

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

**S**

**CERTIFICATE OF BIRTH 218222**

County of Ada

City of Baino

No. St. Lukes St.

(If born in hospital or institution give name.)

Registration District No. 2 State File No. 15

Prim. Registration District No. 1004 Local Registrar's No. 15

2. FULL NAME OF CHILD Stillborn

3. Sex <u>7</u>	4. Twin, triplet, or other <u>1</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec. 30, 1933</u> (MONTH, DAY, YEAR)
-----------------	-------------------------------------	---------------------------------------	------------------------	---------------------------	---

9. Full name of FATHER <u>Harold Habdey</u>	18. Full maiden name of MOTHER <u>Idola Reichlein</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1701 Broadway</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>same</u>

11. Color or race <u>W.</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>24</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) (State or country) <u>Corral, Ida.</u>	22. Birthplace (city or place) (State or country) <u>Soldier, Ida.</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>grocery man</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HW.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn 1

28. If stillborn, period of gestation <u>months</u>	29. Cause of stillbirth <u>Before labor</u>
---	---

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was stillborn at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred Budya Jr., M. D.

M.B.K. Midwife

Give name added from a supplemental report

(DATE OF)

Address Baino, Idaho

Filed 1-8, 1934 W. N. Rhodes

Registrar.

Registrar.

OFFICE OF THE  
BUREAU OF VITAL STATISTICS  
DEPARTMENT OF HEALTH AND WELFARE  
STATE OF IDAHO

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
 Return Registration District No. \_\_\_\_\_ Local Registration File No. \_\_\_\_\_

1. FULL NAME OF CHILD \_\_\_\_\_  
 (If born in hospital or institution)  
 No. \_\_\_\_\_  
 City of \_\_\_\_\_  
 County of \_\_\_\_\_  
 PLACE OF BIRTH \_\_\_\_\_

1. Sex	2. Number in order of birth	3. Twin, triplet, or other	4. Temperature	5. Date of birth
6. Full name	7. Father	8. Full name	9. Full name	10. Full name
11. Color or race	12. Age at last birthday	13. Residence (usual place of abode)	14. Residence (usual place of abode)	15. Residence (usual place of abode)
16. Color or race	17. Age at last birthday	18. Residence (usual place of abode)	19. Residence (usual place of abode)	20. Residence (usual place of abode)
21. Birthplace (city or place)	22. Birthplace (city or place)	23. Birthplace (city or place)	24. Birthplace (city or place)	25. Birthplace (city or place)

[illegible]

1. Name of person		2. Cause of accident		3. Date of accident		4. Date of report	
Before labor							
During labor							

CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE

1. I hereby certify that I witnessed the birth of this child, who was  
born at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
(Signed) \_\_\_\_\_  
2. When there was no attending physician  
or midwife, then the father, nonresident,  
I can submit this return.  
(Date when signed) \_\_\_\_\_  
3. Subsequent report \_\_\_\_\_  
(DATE OF \_\_\_\_\_  
\_\_\_\_\_

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

## PLACE OF DEATH

County of AdaCity of Boise

14 STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004

DO NOT WRITE IN THIS SPACE

State File No. 87280Local Registrar's No. 3(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lorraine Hobdey(a) Residence. No. 1701 Broadway. St. 206(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single, Married, Widowed,  
or Divorced (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. 30, 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Boise  
(State or country) Idaho

MOTHER FATHER

13. NAME Harold Hobdey14. BIRTHPLACE (city or town) Corral  
(State or country) Idaho15. MAIDEN NAME Idola Reichlein16. BIRTHPLACE (city or town) Soldier  
(State or country) Idaho17. INFORMANT Harold Hobdey  
(Address) R.F.D. #5, Boise, Idaho.18. BURIAL, CREMATION, OR REMOVAL  
Place Morris Hill. Date Jan. 2, 193419. UNDERTAKER Summers & Krebs  
(Address) Boise Idaho20. FILED 1-2, 1934 W. H. Rhodes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-30, 193322. I HEREBY CERTIFY, That I attended deceased from  
Dec 30, 1933, to Dec 30, 1933I last saw him alive on Dec 30, 1933: death is said  
to have occurred on the date stated above, at 206 m.The principal cause of death and related causes of importance  
were as follows:

Date of onset

Still Birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur?  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public  
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ap. Budget & Jr. M.D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

# RECORD OF BIRTH

County of Bear Lake  
City of Montpelier  
No. \_\_\_\_\_ St. \_\_\_\_\_

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S

### CERTIFICATE OF BIRTH

218326

(If born in hospital or institution  
give name.)

Registration District No. 52 State File No. \_\_\_\_\_

Prim. Registration District No. 2136 Local Registrar's No. \_\_\_\_\_

#### FULL NAME OF CHILD

(If stillborn, substitute the word "stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth		
					<u>8</u>	<u>1</u>	<u>1933</u>
					(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 13 (a) Born alive and now living 11

Born alive but now dead 1 Stillborn 1

FULL NAME <u>Chris Gerber</u>	FATHER	FULL MAIDEN NAME <u>Margaret Behlone</u>	MOTHER
----------------------------------	--------	---	--------

Residence (Usual place of abode) Montpelier Residence (Usual place of abode) Montpelier

If non-resident, give place and State \_\_\_\_\_ If non-resident, give place and State \_\_\_\_\_

Color or race W Age at last birthday 44 Color or race W Age at last birthday 42

Birthplace Switzerland (City and State or County) Switzerland Birthplace Switzerland (City and State or County) Switzerland

Occupation Farmer Occupation Housewife

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 P.M.  
on the date above stated.

(Signature) J. P. Galster

(Physician or midwife)

Address Montpelier, Idaho

Filed 11/1/33 W. H. King Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JAN 1934

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 87334

PLACE OF DEATH  
County of Bear Lake Registration District No. 52  
City of Montpelier Primary Registration District No. 2136

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gerber

(a) Residence. No. Montpelier Ida St.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE W  
5 Single, Married, Widowed, or Divorced (write the word)  
6a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Stillborn infant  
6 DATE OF BIRTH (month, day and year) 8-1-33  
7 AGE Years Months Days  
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montpelier

10 NAME OF FATHER Chris Gerber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Margaret Schlegel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant J. P. Gaudin  
(Address) Montpelier

15 Filed 8/30/33 N. H. King  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 1 33  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows: Stillborn infant

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? \_\_\_\_\_ (duration) yrs. mos. ds.

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ (Signed) J. P. Gaudin M. D.

(Address) Montpelier

\*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Montpelier Ida Date of Burial 8-1-33

20. Undertaker J. M. Williams Address Montpelier

N. B.—Every item of information should be carefully examined. Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. CUPATION is very important.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

**STATEMENT OF CAUSE OF DEATH**—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

**DUTY OF LOCAL REGISTRARS**—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Sedile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made  
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED

B 10 1933

STATE OF IDAHO

S

County of Bannock

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

218449

City of Idaho Falls, Idaho

CERTIFICATE OF BIRTH

No. Blod. El. Adan St.

Registration District No. 73 State File No. \_\_\_\_\_

Spencer Hospital  
(If born in hospital or institution  
give name.)

Prim. Registration District No. 1472 Local Registrar's No. 17

FULL NAME OF CHILD Still birth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>1</u>	and <u>1</u>	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>September 20</u> (Month) (Day) (Year) <u>1933</u>
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

Number of child of this mother, including present birth 1 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Addington Martindale</u>	MOTHER FULL MAIDEN NAME <u>Clarissa Parkinson</u>
---	--

Residence (Usual place of abode) <u>Blackfoot, Idaho</u>	Residence (Usual place of abode) <u>Blackfoot, Idaho</u>
--	--

If non-resident, give place and State \_\_\_\_\_

Color or race <u>White</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>W.D.</u> Age at last Birthday <u>21</u> (Years)
--	---

Birthplace <u>Oakley, Idaho</u>	Birthplace <u>Preston, Idaho</u> (City and State or County)
---------------------------------	--

Occupation <u>Athletic Coach, Blackfoot</u>	Occupation <u>Housewife</u>
---	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3<sup>35</sup> P. M.  
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 1/14 1933 [Signature]

Registrar

\*Where there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF CHILD STATISTICS  
CERTIFICATE OF BIRTH

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Birth Registration District No. \_\_\_\_\_

(If stillborn, indicate the word "stillborn" for name of child)  
Name of child \_\_\_\_\_  
Sex \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Time of birth \_\_\_\_\_  
Place of birth \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

Child was born \_\_\_\_\_  
Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Married \_\_\_\_\_  
Single \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF CHILD STATISTICS  
CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for  
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonanza  
City of Bonanza Ferry  
No. 693-129-011-699 St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 218498

Registration District No. 79 State File No. \_\_\_\_\_  
Prim. Registration District No. 7156 Local Registrar's No. \_\_\_\_\_  
(If born in hospital or institution give name.)

FULL NAME OF CHILD

Robert Arthur Wilson

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimacy date? <u>yes</u>	Date of birth <u>Aug. 29</u> 19 <u>33</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 0  
Born alive but now dead 0 Stillborn 1

FATHER  
FULL NAME Arthur Thomas Wilson  
Residence (Usual place of abode) Fry, Mont.  
If nonresident, give place and State \_\_\_\_\_  
Color or race white Age at last Birthday 21 (Years)  
Birthplace Sandpoint, Idaho (City and State or Country)  
Occupation Service Station Prop. 5 yr.

MOTHER  
FULL MAIDEN NAME Delinnie F. Riste  
Residence (Usual place of abode) Fry, Mont.  
If nonresident, give place and State \_\_\_\_\_  
Color or race white Age at last Birthday 25 (Years)  
Birthplace Salis, N. Dak. (City and State or Country)  
Occupation housewife - 1 yr.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7.10 P. M.  
on the date above stated.

(Signature) E. E. Fry

Physician  
(Physician or midwife)

Address Bonanza Ferry, Ida.

Filed Aug 30 1933 E. E. Fry  
Registrar.

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

9-1-67

**CHIPS 90 81628**

100-443889-100

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Page 10 of 10

start the study with a...

VALUATION OF THE FIRM

(U) (S) (C) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

**PROBATION DEPARTMENT**

(continued)

On 11/11/1964, the following information was received from the  
Bureau of the Federal Bureau of Investigation, Washington, D.C.  
The Bureau has advised that the following information was  
received from the Bureau of the Federal Bureau of Investigation,  
Washington, D.C. on 11/11/1964.

**1991**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

| STATE OF IDAHO  |  | DEPARTMENT OF PUBLIC WELFARE                 |  | DO NOT WRITE IN THIS SPACE                                |  |
|---|--|--|--|---|--|
| BUREAU OF VITAL STATISTICS  |  | BUREAU OF VITAL STATISTICS                   |  | State File No. <u>87419</u>                               |  |
| PLACE OF DEATH  |  | COUNTY OF <u>Boundary</u>                    |  |   |  |
| CITY OF <u>Boonville</u>  |  | REGISTRATION DISTRICT NO. <u>215</u>         |  |   |  |
|   |  | PRIMARY REGISTRATION DISTRICT NO. <u>215</u> |  | LOCAL REGISTRAR'S NO. <u>206</u>                          |  |
| (If death occurred in a hospital or institution, give its name instead of street and number.)   |  |  |  |   |  |
| 2. FULL NAME <u>Baby Wilson</u>   |  |  |  |   |  |
| (a) Residence. No. <u>St.</u>   |  |  |  |   |  |
| (Usual place of abode)  |  |  |  |   |  |
| Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.                     |  |  |  |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  |  |  |  |   |  |
| 3. SEX <u>Male</u>  |  | 4. COLOR OR RACE <u>White</u>                |  | 5. Single, Married, Widowed, or Divorced (write the word) |  |
| 5a. If married, widowed, or divorced  |  |  |  |   |  |
| HUSBAND of (or) WIFE of   |  |  |  |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Aug 29-1933</u>  |  |  |  |   |  |
| 7. AGE Years Months Days If LESS than 1 day, hrs. or min. <u>Stillborn</u>  |  |  |  |   |  |
| OCCUPATION  |  |  |  |   |  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   |  |  |  |   |  |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  |  |  |  |   |  |
| 10. Date deceased last worked at this occupation (month and year)   |  |  |  |   |  |
| 11. Total time (years) spent in this occupation   |  |  |  |   |  |
| 12. BIRTHPLACE (city or town) (State or country)  |  |  |  |   |  |
| FATHER  |  |  |  |   |  |
| 13. NAME <u>Anthony Wilson</u>  |  |  |  |   |  |
| 14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>   |  |  |  |   |  |
| MOTHER  |  |  |  |   |  |
| 15. MAIDEN NAME <u>Wilhelmina Frick</u>   |  |  |  |   |  |
| 16. BIRTHPLACE (city or town) (State or country) <u>Mont</u>  |  |  |  |   |  |
| 17. INFORMANT (Address) <u>Arthur Wilson</u>  |  |  |  |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>Aug 29</u> 1933   |  |  |  |   |  |
| 19. UNDERTAKER (Address) <u>Boonville</u>   |  |  |  |   |  |
| 20. FILED <u>Aug 31</u> , 1933 <u>SSM</u> Registrar   |  |  |  |   |  |
| MEDICAL CERTIFICATE OF DEATH  |  |  |  |   |  |
| 21. DATE OF DEATH (month, day, and year) <u>Aug 29</u> , 1933   |  |  |  |   |  |
| 22. I HEREBY CERTIFY, That I attended deceased from....., 193....., to....., 193.....   |  |  |  |   |  |
| I last saw him alive on....., 193.....; death is said to have occurred on the date stated above, at.....m.  |  |  |  |   |  |
| The principal cause of death and related causes of importance were as follows:  |  |  |  |   |  |
| <u>Stillborn</u>  |  |  |  |   |  |
| Other contributory causes of importance:  |  |  |  |   |  |
| <u>Placental disease</u>  |  |  |  |   |  |
| Name of operation..... Date of.....   |  |  |  |   |  |
| What test confirmed diagnosis?..... Was there an autopsy?.....  |  |  |  |   |  |
| 23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide?..... Date of injury....., 193..... |  |  |  |   |  |
| Where did injury occur?..... (Specify city or town, county, and State)  |  |  |  |   |  |
| Specify whether injury occurred in industry, in home, or in public place.....   |  |  |  |   |  |
| Manner of injury.....   |  |  |  |   |  |
| Nature of injury.....   |  |  |  |   |  |
| 24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....   |  |  |  |   |  |
| (Signed) <u>SSM</u> M.D.  |  |  |  |   |  |
| (Address) <u>Boonville</u>  |  |  |  |   |  |

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

*May 1, 1923*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

387-166-011-653  
PLACE OF BIRTH  
County of Boundary  
City of Bonners Ferry  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S

218499

Registration District No. 79 State File No. ....  
Prim. Registration District No. 2156 Local Registrar's No. ....  
(If born in hospital or institution give name.)

FULL NAME OF CHILD Baby Chappell  
(If stillborn substitute the word "Stillbirth" for name of child)

|                            |   |  |                        |   |
|----------------------------|---|--|------------------------|---|
| Sex of Child <u>Female</u> | Twin Triplet or other? <u>    </u><br>(To be answered only in event of plural births) | and { Number in order of birth <u>    </u> | Legitimate? <u>Yes</u> | Date of birth <u>Oct. 6- 1933</u><br>(Month) (Day) (Year) |
|----------------------------|---|--|------------------------|---|

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag. No. 3

Number of child of this mother, including present birth 9 (a) Born alive and now living 8  
Born alive but now dead 0 Stillborn 1

|   |   |
|---|---|
| FATHER<br>FULL NAME <u>Claude Wm Chappell</u> | MOTHER<br>FULL MAIDEN NAME <u>Shirley Welsh</u> |
|---|---|

|   |   |
|---|---|
| Residence (Usual place of abode) <u>Bonners Ferry</u> | Residence (Usual place of abode) <u>Bonners Ferry</u> |
|---|---|

If nonresident, give place and State

|   |   |
|---|---|
| Color or race <u>White</u> Age at last Birthday <u>43</u> (Years) | Color or race <u>White</u> Age at last Birthday <u>41</u> (Years) |
|---|---|

|   |   |
|---|---|
| Birthplace <u>Madison, N. Dak.</u><br>(City and State or Country) | Birthplace <u>Glencoe, N. Dak.</u><br>(City and State or Country) |
|---|---|

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Occupation <u>Farmer - 35 yrs.</u> | Occupation <u>Housewife - 33 yrs.</u> |
|------------------------------------|---------------------------------------|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5.55 P. M.  
on the date above stated.

(Signature) SS Fry  
Physician  
(Physician or midwife)

\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Bonners Ferry, Ida.  
Filed Oct. 7 1933  
SS Fry  
Registrar.



110 DC

217-205-19  
RECEIVED JAN 11 1934

1. PLACE OF BIRTH  
County of Cassia  
City of Burley  
No. \_\_\_\_\_ St. \_\_\_\_\_

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218621

Registration District No. 117 State File No. \_\_\_\_\_

Prim. Registration District No. 2196 Local Registrar's No. 254

2. FULL NAME OF CHILD

|   |                  |  |                                    |   |                           |   |  |
|---|------------------|--|------------------------------------|---|---------------------------|---|--|
| 3. Sex <u>7</u>   | If plural births | 4. Twin, triplet, or other _____           | 5. Number, in order of birth _____ | 6. Premature <input checked="" type="checkbox"/>  | 7. Legitimate? <u>yes</u> | 8. Date of birth <u>12 5</u> , 193 <u>3</u><br>(MONTH, DAY, YEAR) |  |
| 9. Full name <u>FATHER</u><br><u>Leo E. Kaggie</u>  |                  |  |                                    | 18. Full maiden name <u>MOTHER</u><br><u>Alice L. Larson</u>  |                           |   |  |
| 10. Residence (usual place of abode)<br>(If non-resident, give place and State) <u>Burley</u>               |                  |  |                                    | 19. Residence (usual place of abode)<br>(If non-resident, give place and state) <u>Burley</u>                       |                           |   |  |
| 11. Color or race <u>W</u>  |                  | 12. Age at last birthday <u>25</u> (years) |                                    | 20. Color or race <u>W</u>  |                           | 21. Age at last birthday <u>30</u> (years)                        |  |
| 13. Birthplace (city or place)<br>(State or country) <u>Ida</u>   |                  |  |                                    | 22. Birthplace (city or place)<br>(State or country) <u>Ida</u>   |                           |   |  |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> |                  |  |                                    | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> |                           |   |  |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____                    |                  |  |                                    | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____                |                           |   |  |
| 16. Date (month and year) last engaged in this work _____   |                  |  |                                    | 25. Date (month and year) last engaged in this work _____   |                           |   |  |
| 17. Total time (years) spent in this work _____   |                  |  |                                    | 26. Total time (years) spent in this work _____   |                           |   |  |

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7 months or weeks

29. Cause of stillbirth Chromosomal Before labor ☒ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 1 P m. on the date above stated.

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Give name added from  
a supplemental report \_\_\_\_\_

(DATE OF)

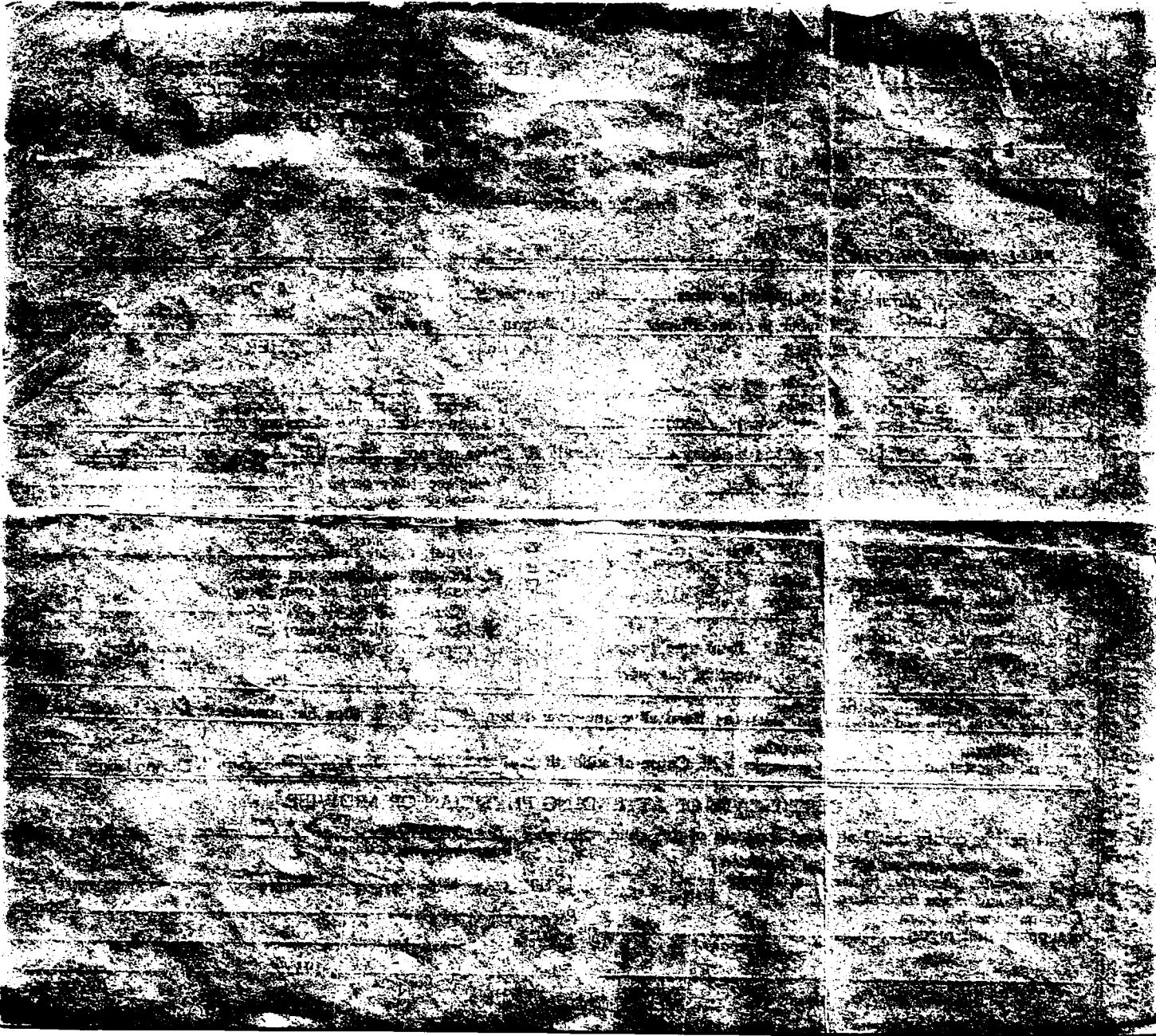
Registrar.

(Signed) [Signature], M. D.

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed Jan 4, 1934 Laura Jones  
Registrar.



RECEIVED AN 11 1934

## PLACE OF DEATH

County of CassiaCity of BurleySTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

87002

State File No. ....

Local Registrar's No. 87

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Keggie

(a) Residence. No. .... St. ....

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) S.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 12/5/1933 Months Premature Days 1 If LESS than 1 day... hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (mo. and yr.) ✓ 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Burley (State or country) Ida.13. NAME Leo Elisha Keggie14. BIRTHPLACE (city or town) Ida. (State or country) Ida.15. MAIDEN NAME Alice Larson16. BIRTHPLACE (city or town) Burley (State or country) Ida.17. INFORMANT Leo Elisha Keggie (Address) Burley, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Burley, Ida. Date 12/16/193319. UNDERTAKER H. E. Johnson (Address) Burley, Ida.20. FILED 12/5/1933 Laura Greco Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5/1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to ..... , 193....

I last saw h.... alive on ..... , 193....; death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Premature, 7 moPremature separation of placenta

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

public place, .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation

of deceased?..... so specify.....

(Signed) H. E. Johnson M. D.

(Address) .....

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 11 1934

STATE OF IDAHO  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

S  
218622

1. PLACE OF BIRTH  
County of Blaine  
City of Burley  
No.        St.       

Registration District No. 117 State File No.         
Prim. Registration District No. 2196 Local Registrar's No. 253

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Russell Wayne Frost

3. Sex male If plural births        4. Twin, triplet, or other        5. Number, in order of birth        6. Premature        7. Legitimate        8. Date of birth Nov. 26, 1933  
Birth, Day, Year

9. Full name FATHER Carl Warner Frost 18. Full maiden name MOTHER Pearl Bradshaw

10. Residence (usual place of abode) (If non-resident, give place and State) Burley 19. Residence (usual place of abode) (If non-resident, give place and State) Burley

11. Color or race White 12. Age at last birthday 23 (years) 20. Color or race White 21. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Hammon, Idaho 22. Birthplace (city or place) (State or country) Holladay, Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.        24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.       

16. Date (month and year) last engaged in this work        17. Total time (years) spent last engaged in this work        19.        in this work        25. Date (month and year) last engaged in this work        26. Total time (years) spent last engaged in this work        19.        in this work       

27. What prophylactic was used to prevent Ophthalmia Neonatorum?       

28. Number of children of this mother (At time of this birth and including this child)         
(a) Born alive and now living        (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation        months        or weeks        30. Cause of stillbirth        Before labor        During labor       

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4        m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles E. Beymer, M. D.

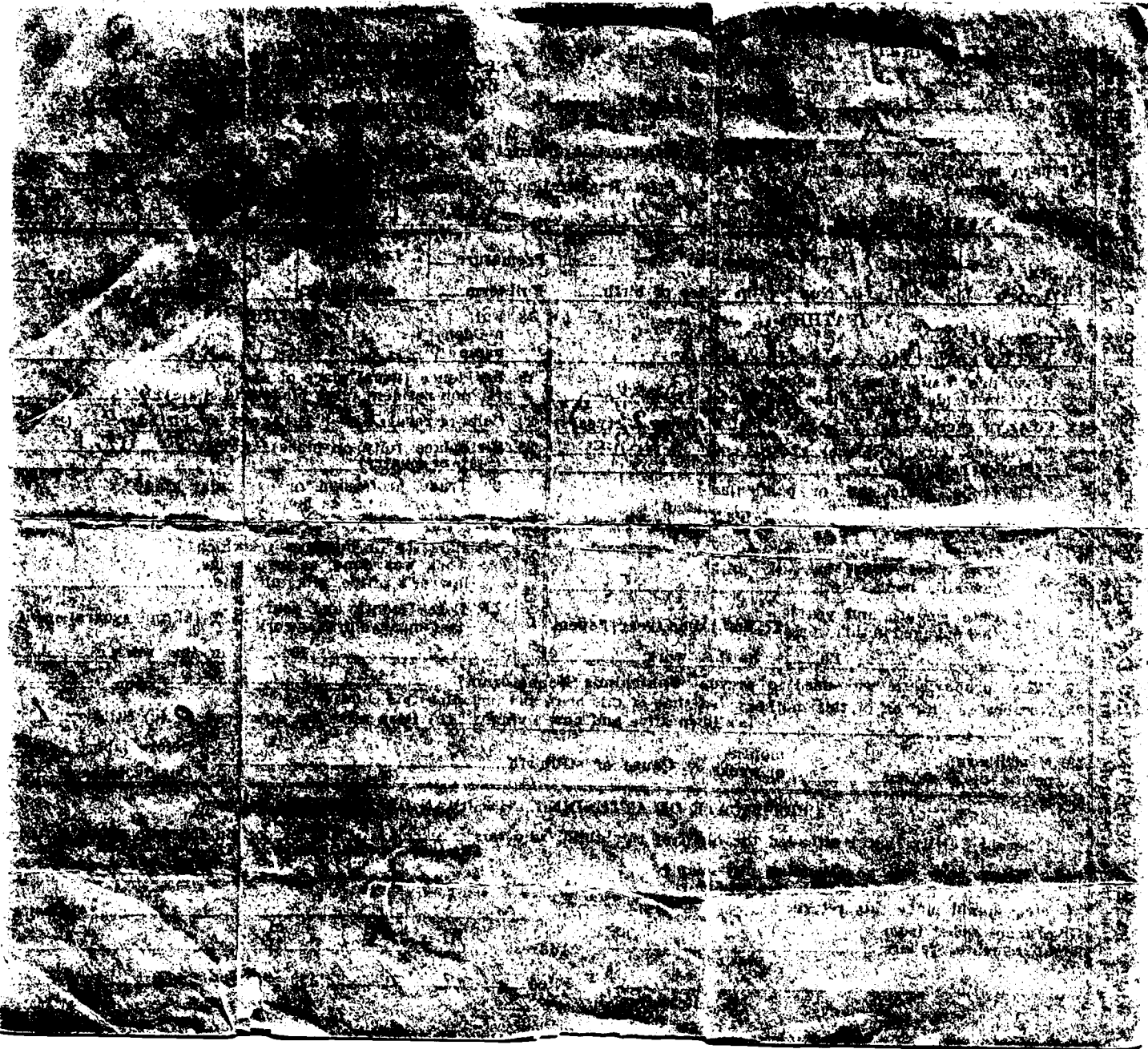
or       , Midwife

Give name added from a supplemental report       

Address Burley - Idaho

Filed Jan 4, 1934 Laura Frost Registrar.

Registrar.



RECEIVED

## PLACE OF DEATH

County of CassiaCity of BarleySTATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 86599Local Registrar's No. 82

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Russell Wayne Frost 206

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single Married, Widowed or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

7. DATE OF BIRTH (month, day, and year) Nov. 26 - 19338. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. Still Born

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

11. Date deceased last worked at this occupation (mo. and yr.) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Barley (State or country) Ida13. NAME Earl W. Frost14. BIRTHPLACE (city or town) Barley (State or country) Ida15. MAIDEN NAME Pearl Bradshaw16. BIRTHPLACE (city or town) Idaho (State or country) Ida17. INFORMANT Earl W. Frost (Address) Barley18. BURIAL, CREMATION OR REMOVAL Place Hayden, Ida Date 11-27, 193319. UNDERTAKER A. E. Johnson (Address) Barley Ida20. FILED 11/26, 1933 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 26 (month, day and year) 193 322. I HEREBY CERTIFY, That I attended deceased from Still born, 193...I last saw h... alive Still born, 193... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

still Born

Other contributory causes of importance:

Name of operation none Date of ...What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury, 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Charles B. Reymond M. D.(Address) Barley - Idaho

MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.



Dr. Payson

JUL 13 1970

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

May 1, 1923

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 6 1934

1. PLACE OF BIRTH Idaho  
County of Bimorex  
City of Glenns Ferry  
No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

218651

Registration District No. 35 State File No. \_\_\_\_\_

Prim. Registration District No. 2021 Local Registrar's No. \_\_\_\_\_

2. FULL NAME OF CHILD

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature X Full term \_\_\_\_\_ 7. Legitimate Yes 8. Date of birth 12 1933 (Month, Day, Year)

9. Full name FATHER David Earl Goheen 18. Full maiden name MOTHER Mary Louise Hoffman

10. Residence (usual place of abode) (If non-resident, give place and State) Stanley, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Stanley

11. Color or race Cauc 12. Age at last birthday 25 (years) 20. Color or race Cauc 21. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Hagerman Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forest ranger 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Sept. 1933 17. Total time (years) spent in this work 6 1/2 yrs 25. Date (month and year) last engaged in this work Nov 1933 26. Total time (years) spent in this work 1 1/2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_\_\_

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, 7 mos. 7 mos. 7 mos. months or weeks 30. Cause of stillbirth Unknown Before labor Yes During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

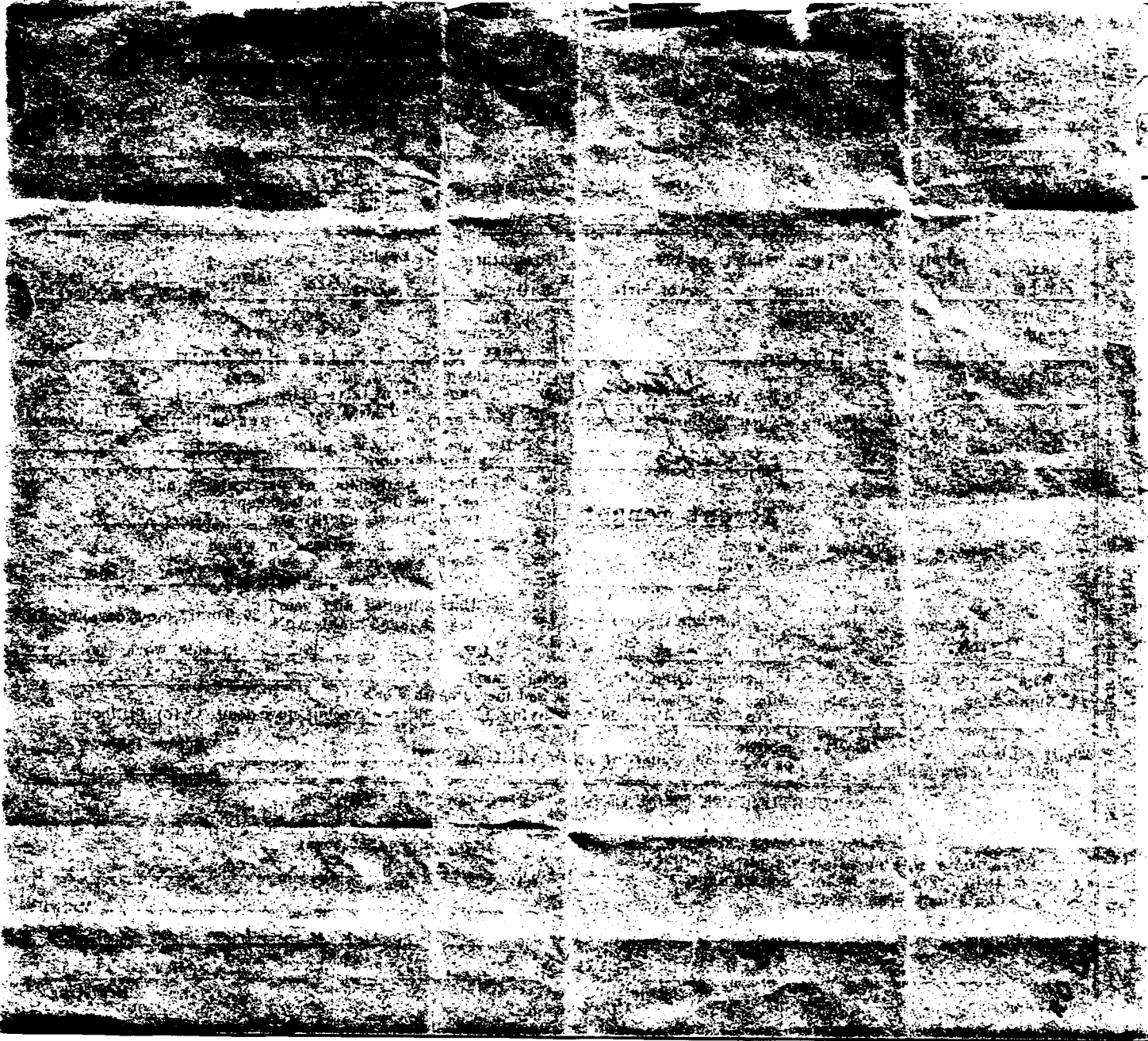
I hereby certify that I attended the birth of this child, who was Stillborn at 3 A.M. on the date above stated.

(Signed) Walter B. Frelsberg, M. D. or \_\_\_\_\_ Midwife

Give name added from a supplemental report. \_\_\_\_\_ Address Glenns Ferry, Idaho

(Date of) \_\_\_\_\_ Filed Dec 13 1933 Mrs Mary Sullivan

Registrar. \_\_\_\_\_ Registrar.



113-119-004-119  
1. PLACE OF BIRTH  
County of Bear Lake  
City of Bloomington  
No. .... St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH **S**

Registration District No. 53 State File No. ....  
Prim. Registration District No. .... Local Registrar's No. 13

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Garry Aland Jacobson

|   |   |   |  |                              |  |
|---|---|---|--|------------------------------|--|
| 3. Sex.<br><u>Male</u>  | If plural births                              | 4. Twin triplet, or other   | 6. Premature.<br><u>yes</u>  | 7. Legitimate?<br><u>yes</u> | 8. Date of birth<br><u>Dec 19</u> , 193 <u>3</u><br>(Month, Day, Year) |
| 9. Full name<br><u>Hubert Jacobson</u>  |   | FATHER  | 18. Full maiden name<br><u>Mamie Jarvis</u>  |                              |  |
| 10. Residence (usual place of abode)<br><u>Bloomington</u><br>(If non-resident give place and State)          |   | 5. Number, in order of birth  | 19. Residence (usual place of abode)<br><u>Bloomington</u><br>(If non-resident give place and State) |                              |  |
| 11. Color or race<br><u>White</u>   | 12. Age at last birthday<br><u>31</u> (years) | 13. Birthplace (city or place)<br><u>Bloomington</u><br>(State or country)  | 20. Color or race<br><u>White</u>  |                              |  |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |   | 21. Age at last birthday<br><u>31</u> (years)   |  |                              |  |
| 15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.                           |   | 22. Birthplace (city or place)<br><u>Bloomington</u><br>(State or country)  |  |                              |  |
| 16. Date (month and year)<br><u>Dec</u> , 19 <u>33</u><br>last engaged in this work                           |   | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.<br><u>House Wife</u> |  |                              |  |
| 17. Total time (years)<br><u>all of life</u><br>spent in this work  |   | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.                          |  |                              |  |
| 25. Date (month and year)<br><u>Dec</u> , 19 <u>33</u><br>last engaged in this work                           |   | 26. Total time (years)<br><u>13 yrs.</u><br>spent in this work  |  |                              |  |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. If stillborn, Full Term months or weeks period of gestation. 29. Cause of stillbirth Prolapsed Umbilical Cord Before labor... During labor... yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:45 a.m. on the date above stated.  
(Born Alive or Stillborn)

(Signed) Spencer A. Rich, M. D.  
or Paris Idaho, Midwife  
Address Paris Idaho

Filed Feb 9, 1934 Wrs. Beulah Hess Registrar.

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED APR 27 1934  
1. PLACE OF BIRTH 29-116  
County of SHOSHONE  
City of KELLOGG 040-468  
No. WARDNER HOSPITAL St.

STATE OF IDAHO  
DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

221315

Registration District No. 123 State File No. 221315  
Prim. Registration District No. 2201 Local Registrar's No. 39

2. FULL NAME OF CHILD Baby Barber

|  |                  |  |                              |  |                           |   |
|--|------------------|--|------------------------------|--|---------------------------|---|
| 3. Sex<br><u>Male</u>  | If plural births | 4. Twin, triplet, or other                 | 5. Number, in order of birth | 6. Premature   | 7. Legitimate? <u>Yes</u> | 8. Date of birth<br><u>September 16, 1933</u> |
| 9. Full name<br><u>FATHER</u><br><u>BYRON GLEN BARBER</u>  |                  |  |                              | 18. Full maiden name<br><u>MOTHER</u><br><u>MARY VERONICA DWYER</u>  |                           |   |
| 10. Residence (usual place of abode)<br>(If non-resident, give place and State) <u>Kellogg</u>   |                  |  |                              | 19. Residence (usual place of abode)<br>(If non-resident, give place and State) <u>Kellogg</u>                         |                           |   |
| 11. Color or race <u>W.</u>  |                  | 12. Age at last birthday <u>40</u> (years) |                              | 20. Color or race <u>W.</u>  |                           | 21. Age at last birthday <u>45</u> (years)    |
| 13. Birthplace (city or place) <u>Mayville, North Dakota</u><br>(State or country)   |                  |  |                              | 22. Birthplace (city or place) <u>Medical Lake, Washington</u><br>(State or country)                                   |                           |   |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>  |                  |  |                              | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Stenographer</u> |                           |   |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>City Bakery</u>  |                  |  |                              | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.                         |                           |   |
| 16. Date (month and year) last engaged in this work<br><u>Present</u>  |                  |  |                              | 25. Date (month and year) last engaged in this work<br><u>before marriage 19</u>                                       |                           |   |
| 17. Total time (years) spent in this work  |                  |  |                              | 26. Total time (years) spent in this work  |                           |   |
| 27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Stillborn</u>  |                  |  |                              |  |                           |   |
| 28. Number of children of this mother (At time of this birth and including this child)<br>(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u> |                  |  |                              |  |                           |   |
| 29. If stillborn, period of gestation <u>Nine</u> months or weeks  |                  |  |                              | 30. Cause of stillbirth <u>Hydrocephalus, acute</u>  |                           |   |
|  |                  |  |                              | Before labor.....<br>During labor.....   |                           |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 A. M. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Mason, M. D.

or \_\_\_\_\_, Midwife

Give name added from a supplemental report.

(Date of)

Address Kellogg, Idaho

Filed Apr. 20, 1934 Thos. Hudson

Registrar.

CHARGE TO STATE  
RECEIVED IN THE  
OFFICE OF THE  
ATTORNEY GENERAL

**Abstract**

1. The first part of the document is a list of names and addresses, which are arranged in two columns. The names are written in a cursive script, and the addresses are written in a more formal, printed style. The list includes names such as "John Smith", "Mary Jones", and "Robert Brown", along with their respective street addresses and city names.

2. The second part of the document is a series of short, handwritten notes or entries. These notes are written in a cursive script and are arranged in a single column. They appear to be a continuation of the information provided in the first part, or perhaps a separate set of records.

3. The third part of the document is a series of short, handwritten notes or entries. These notes are written in a cursive script and are arranged in a single column. They appear to be a continuation of the information provided in the first part, or perhaps a separate set of records.

4. The fourth part of the document is a series of short, handwritten notes or entries. These notes are written in a cursive script and are arranged in a single column. They appear to be a continuation of the information provided in the first part, or perhaps a separate set of records.

5. The fifth part of the document is a series of short, handwritten notes or entries. These notes are written in a cursive script and are arranged in a single column. They appear to be a continuation of the information provided in the first part, or perhaps a separate set of records.

*[The page contains extremely faint, illegible markings.]*



N. B.--WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 10 1933

STATE OF IDAHO

## PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of ShoshoneCity of Keelogg

## CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201State File No. 86071Local Registrar's No. 49(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Barker

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 16-1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Byron Elmer Barker14. BIRTHPLACE (city or town) (State or country) Mayville, N. Dak.15. MAIDEN NAME Marjorie Barker16. BIRTHPLACE (city or town) (State or country) Medford, Ore.17. INFORMANT Faymon J. Barker (Address)18. BURIAL, CREMATION, OR REMOVAL Place Keelogg, Ida. Date Sept. 17, 193319. UNDERTAKER N. E. Hest (Address) Keelogg, Ida.20. FILED Oct. 10, 1933 Mrs. Helen M. B. Bide Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 193322. I HEREBY CERTIFY, That I attended deceased from 9/16, 1933, to 9/16, 1933.I last saw h. alive on 9/16, 1933; death is said to have occurred on the date stated above, at 11 m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Still born.

Other contributory causes of importance:

Hydrocephalus.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify J. P. Mason(Signed) Keelogg, Ida., M. D.(Address) Ida.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**STATEMENT OF OCCUPATION.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**STATEMENT OF CAUSE OF DEATH.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other CONTRIBUTORY CAUSES of importance:

*Gallstones*

*May 1, 1923*

## EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other CONTRIBUTORY CAUSES of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN